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| **Couleecap Business Development Retail Incubator Project** | | | | |
| **To apply for a space in Couleecap’s Retail Incubator located at 320 Main Street in Downtown La Crosse, please complete this form.**  **You may submit this form via mail to: Couleecap, 700 N 3rd Street Ste 202B, La Crosse, WI 54667 or by email to: anna.sprague@couleecap.org.**  **If you have questions while completing the form please contact Anna Sprague:** [**anna.sprague.@couleecap.org**](mailto:anna.sprague.@couleecap.org) **or 608-479-0768.** | | | | |
| Full Name: | | Mailing address: | | |
| Home phone: | | City, State, Zip: | | |
| Cell phone: | | Email address: | | |
| Household annual income: | | Number of people in your household: | | |
| Please give a brief description of your business or business idea, and provide some pictures of the items you plan to sell (Feel free to attach images in an email or text them): | | | | |
| Please give a brief history of your business: | | | | |
| What is your current monthly, quarterly or annual revenue/profit if applicable? | | | | |
| Please share your current time commitment to your business. Are you employed elsewhere or plan to be while part of the incubator? | | | | |
| Please list anyone else involved in your business and their time commitment: | | | | |
| How would the Retail Incubator help your business succeed or grow? | | | | |
| If accepted into the space, are you willing and able to work 2-3 shifts per week including at least one weekend per month? Vendors will take turns being the “point of sale” person, allowing everyone to work minimal and convenient hours at the space. We will work with you to develop a schedule that fits your needs. Please answer Yes or No and list any concerns you may have. | | | | |
| **Certification** I certify that the above information is accurate to the best of my knowledge. I understand that if chosen, I may be asked to agree to a background check.  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| **Demographic Information** *Providing the information below is strictly voluntary; failure to provide accurate information may not allow staff to identify special funding or support sources for you.* | | | | |
| Gender: \_     \_\_\_\_\_\_ | US Citizen?  Y  N | | Single parent? Y  N | Military Veteran?  Y  N |
| Race (select any that apply): Asian American Indian/Alaskan Native Black or African-American  Native Hawaiian or other Pacific Islander White, Non-Hispanic Hispanic/Latino/Spanish Origin  Multi-Racial Other (please describe):      Choose not to say: | | | | |
| Preferred language: | | | | |