



Hartland Business Improvement District
Small Business Certificate Program
Application

1. Applicant Name: _____

2. Home Address: _____ City: _____ Zip: _____

3. Name of Business: _____

4. Business Address: _____

5. Phone: Work _____ Home: _____

Cell: _____ Email: _____

6. Status of Applicant: _____ Property Owner

_____ Tenant: Building owner name: _____

Building owner phone number: _____

7. Date Business Opened or Will Open: _____

7. Titles of courses completed and completion dates (attach documentation from WCTC):

8. Affirmations: I understand that should the coursework completed be found not in compliance with the original program requirements as submitted and approved, B.I.D. funds may be denied. The undersigned applicant affirms that the information submitted herein is true and accurate to the best of my knowledge.

Applicant Signature: _____ Date: _____

PLEASE RETURN COMPLETED APPLICATION TO:

Hartland B.I.D. Business Improvement District, 135 Cottonwood Ave, Hartland, WI 53029

Phone: 262-367-6560 • Email: hartlandbid@att.net • www.downtownhartland.com

Hartland Business Improvement District Small Business Certificate Program Application

For B.I.D. Use Only

Application Number: _____ *- 2016*

Applicant Name: _____

Business: _____

Address: _____

Issue Check to: _____

Approval Process:

- _____ Initial application date.
- _____ B.I.D. Economic Development approval date.
- _____ B.I.D. Board approval date.
- _____ Approval letter sent to applicant.
- _____ Paid receipts received from applicant with all required documents.
- _____ Date approved and submitted to B.I.D. Treasurer for payment processing.
- _____ Total amount approved for grant.

Applicant submitted the following:

- _____ Completed four courses, including one required.
- _____ Course completion documents from WCTC.
- _____ Proof of business operating or soon to be operating in the Hartland BID district.

Approved B.I.D. Signature _____ *Date:* _____