



## GrowBiz Maryland Heights Application

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

How did you hear about the program? \_\_\_\_\_

Website: \_\_\_\_\_ Number of Employees \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact E-mail: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Name of Presenter: \_\_\_\_\_

### Please provide the following information about your business:

Is your business currently licensed in the State of Missouri? Yes No

If you have an existing business, is your business license current for 2022? Yes No

How long has your company been in business? \_\_\_\_\_

What business category best describes your business? \_\_\_\_\_

Describe your main product or service in 2-3 sentences.

What problem is your business is solving and how?

Who are your competitors? How are you different from your competition?

How will you use the prize money?

\_\_\_\_\_ I understand that financial projections will be required for final presentations.

\_\_\_\_\_ I understand that I will need to be available to present the afternoon of \_\_\_\_\_

I certify that the information provided on this application is accurate. I understand that withholding of information or giving false information will result in a disqualification and forfeiture of all prizes. I authorize permission for the Maryland Heights Chamber of Commerce to conduct a background check. By signing this form, you agree that the Maryland Heights Chamber of Commerce is not responsible for any stolen material and/or products and services presented during the pitching competition process. If your business is granted as 1<sup>st</sup> place winner, you will not be eligible to enter competition for the next three years.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_