



BUSINESS APPLICATION

PROGRAM PURPOSE

The Ravenna Business Launch Pad supports entrepreneurs and small businesses by providing resources, education, mentorship, and community connections to help businesses launch, grow, and succeed in the Ravenna area.

APPLICANT INFORMATION

Applicant Name: _____

Business Name (if applicable): _____

Business Address: _____

City _____ State, _____ Zip: _____

Phone Number: _____

Email Address: _____

Preferred Method of Contact: Phone Email Text

BUSINESS DETAILS

Business Status: Idea Stage Startup (less than 2 years) Existing (2+ years)

Business Structure: Sole Proprietor LLC Corporation
Partnership Nonprofit Other: _____

Industry / Type of Business: _____

Brief Description of Business or Business Idea:

BUSINESS LOCATION & OPERATIONS

Is your business currently located in Ravenna or planning to locate in Ravenna? Yes No Planning

Do you currently have a physical location? Yes No Home-based Looking for space

Number of Employees (including owner): 1 2-5 6-10 11+

LAUNCH PAD INTERESTS & NEEDS

Business Planning Marketing & Branding Financial Planning Access to Capital

Mentorship Legal/Licensing Networking Workspace

Workshops & Training

Other: _____

GOALS & IMPACT

Short-Term Goals (6-12 months): _____

Long-Term Goals: _____

How will your business positively impact the Ravenna community?

COMMITMENT

I am willing to actively participate in Launch Pad programming: Yes No

I agree to provide progress updates if selected: Yes No

CERTIFICATION

I certify that the information provided in this application is true and accurate.

Applicant Signature:

Date:

