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| **APPLICANT DETAILS** |
| **Name:** |  |
| **Telephone:** |
| **Email:** |
| **Address:** |  |
| **Position within business:** |  |
| **BUSINESS DETAILS** |
| **Business Name:** |  |
| **Business registered address (if different from above):** |  |
| **Legal status of the business** | **Sole Trader Partnership****Limited Liability Partnership****Limited Company****Other (please specify)** | YES/NO YES/NO YES/NO YES/NO |
| **Date of incorporation:** |   |
| **Please provide the following where applicable:** |
| **Company Registration Number (CRN)** |  |
| **Charity Registration Number** |  |
| **VAT Registration Number**  |  |
| **Business website (if applicable):** |  |
| **Please tick your business type**  | **Single business****Parent of a business group****Subsidiary****Franchise** | YES/NO YES/NO YES/NO YES/NO |
| **What are your main business activities:**  |  |
| **How many people does the business currently employ? (Please state Full/Part time)** |  |
| **How many people will be employed in the Romney March Business Hub (RMBH) (Please state Full/Part time)** |  |
| **How many people employed in the RMBH will be new to the business?** |  |
| **Please provide your latest business plan or, if you are unable to do this please could you provide a description of your business growth plans over the next 2 years.** |  |
| **OCCUPATION DETAILS** |
| **Proposed Lease Start Date in RMBH** |  |
| **What is your proposed length of lease at the RMBH?** |  |
| **Please describe how locating at the RMBH will contribute to the growth of your business?** |  |
| **GRANT DETAILS** |
| **How much total grant funding are you applying for?** | £ |
| **Please indicate below the purposes you are proposing to use the grant for?** |  |
| **Have you obtained quotes for the purposes indicated above?** | Yes/No |
| *Please note: you will be required to obtain 1 quote for any single item under £5,000 and at least 2 quotes for any single item above £5,000. Grants will only be payable in arrears of expenditure and on submission of evidence of payment.* |