|  |  |  |  |
| --- | --- | --- | --- |
| **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.** |  | | |
| **Are you a FHDC Officer or Councillor or do you have a business relationship with a FHDC Officer or Councillor?** | **YES/ NO (If yes, please provide full disclosure)** | | |
| **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.* | | | |

**Signed by (Applicant**)…………………………………………………………….

**Date**……………………………………………………………………………………….