



Twin Cities Development Association, Inc.

ECONOMIC DEVELOPMENT FOR WESTERN NEBRASKA

### Request for Business Assistance

Date: Inquiry

Date Received by TCD:

Name(s) Print: \_\_\_\_\_

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

City: \_\_\_\_\_

State: \_\_\_\_\_

Email address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ mobile \_\_\_\_\_ other

Name of Business or Proposed Business:

\_\_\_\_\_  
\_\_\_\_\_

Address of Business Property:

\_\_\_\_\_  
\_\_\_\_\_

Type of Business: Retail \_\_\_\_\_ Commercial \_\_\_\_\_ Industrial/Mfg. \_\_\_\_\_

Explain:

\_\_\_\_\_  
\_\_\_\_\_

Timeline for Startup: \_\_\_\_\_

Business Plan Started/Completed?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Follow-up Needed by

Group: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_