



# Startup Moorhead

## Program Application

**Submit this application form with your business plan to**

Moorhead EDA  
500 Center Ave - 4th Floor  
Moorhead, MN 56560

**by 4:30 p.m. on December 1, 2017.**

Applicant Name(s) \_\_\_\_\_

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

Primary Contact \_\_\_\_\_

Current Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_ Phone \_\_\_\_\_

**In 500 words or less please explain how your business will positively impact the Moorhead community. (Attach additional sheet if needed.)**

I/We the applicant(s) have read and understand the program rules on the program brochure. I/We understand that this business plan will not be disclosed to any person, firm or company, except as deemed necessary in order to evaluate, interview and judge for the Startup Moorhead Business Competition, unless faced with a legal obligation to do so. The submitted business plan will remain the intellectual property of the applicant(s) and all copies of the plan will be returned to the applicant upon request. I/We understand the decision of the judges' will be final.

**Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

**Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_