

# Coulee Region **BUSINESS CENTER**



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## APPLICATION FOR TENANCY

### APPLICANT INFORMATION

Applicant Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Driver's Licenses or State ID: \_\_\_\_\_

### BUSINESS INFORMATION

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

Address (if different than above): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Business Status:  Pre-venture  New (first year)  Existing  Other: \_\_\_\_\_

If your business already exists, for how long? \_\_\_\_\_

Space Needed: \_\_\_\_\_ square foot estimate Employees: \_\_\_\_\_ number expected

Briefly describe your business...products, service(s), target market(s), goals:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have a written Business Plan?  YES  NO If NO, expected completion: \_\_\_\_\_

### BUSINESS REFERENCES (three required)

Name	Organization	Phone
1.		
2.		
3.		

I authorize the verification of the information provided on this form. I have received a copy of this application.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_