



INFORMATION FOR BUSINESS ASSISTANCE

Date _____

Business Name _____

Business Address _____

City/State/Zip _____

Phone _____ Employer ID number _____

Email _____ Website _____

Landlord Name _____

Phone _____

Address _____

City/State/Zip _____

Description of Business:

Description of Immediate Need:

Applicant understands and agrees that all advice provided by program advisers is provided on an “as is” basis and without warranties of any kind. Applicant specifically understands and agrees that neither the Traverse City Downtown Development Authority nor any program advisers providing advice on its behalf will be held liable to applicant under any legal theory, whether in warranty, contract, strict liability, tort, or negligence, for any claims, damages, injuries, judgments, costs, or liabilities arising out of or related to any advice provided.

Signature of Owner