



CHALLENGE

APPLICATION

(MUST BE RECEIVED BY THE CITY OF GAFFNEY NO LATER THAN FEB 24, 2017)

Date: _____

Applicant's Name: _____

Mailing Address: _____

Telephone: () - _____ - _____ email: _____

Cell Phone: () - _____ - _____ Other: _____

(Please provide similar information (attach separate page) for others who might participate in your business concept or function as co-owners, partners, etc.)

Proposed Name of Business (if determined at this time): _____

- Sole proprietor: _____ (check one)
- Partnership: _____
- LLC: _____
- Inc.: _____



Describe Business Concept: (Use creativity in the description and include briefly the following information:

- What are the products or services that would be delivered or sold?
- Define and describe the market for this business
- How will your business enhance Main Street and downtown Gaffney as a whole?
- What resources and assets do you have and what resources would be needed to develop this concept (personnel, financing, inventory, equipment?)
- What are your qualifications to develop/expand this business?
- Are there any similar businesses existing in the market and if so, how will you distinguish yours from those?
- What is unique about your concept, product, service, name, or niche that would “sell” the selection committee on your concept?



By participating in the Main Street Challenge, I agree to abide by the Official Rules and to all decisions of the Selection Committee, which are final and binding in all respects.

I also acknowledge and consent to allow the City of Gaffney the right to use my name, likeness, pictures, portraits, voice, biographical information, written submissions, and written or oral statements for advertising and promotional purposes without consideration for compensation to me unless required by law.

Should my participation in this competition progress so that I am one of the finalists, I consent to the City of Gaffney conducting a credit check and a background reference check on me.

I represent that I am a legal resident of the U.S. and am 18 years of age or older as of the date and time of this submittal

I have read the Participant Overview outlining the competition rules and eligibility requirements and I attest that all information included in this application and business concept description are true and accurate.

Signed _____ Date: _____

Print Name: _____



**Submit Application Electronically (scanned with signature) to mainstreet@getintogaffney.com OR
Submit via U.S. Mail to: LeighAnn Snuggs, Main Street Director, City of Gaffney, 210 West Frederick
Street, Gaffney SC, 29340**



