



**CITY OF PITTSFIELD**

DEPARTMENT OF COMMUNITY DEVELOPMENT, CITY HALL, 70 ALLEN STREET, RM 205, PITTSFIELD, MA 01201

**PRE-APPLICATION FORM  
FOR  
CITY OF PITTSFIELD  
SMALL BUSINESS ASSISTANCE PROGRAMS**

Thank you for your interest in doing business in the City of Pittsfield. The City of Pittsfield offers a variety of public programs to assist the growth and development of for-profit small businesses. In order for the City to provide the assistance most appropriate for your business, please complete the information requested. We will use this information to identify the programs which may be of assistance to you. This will include reviewing eligibility requirements. We will also help you complete the appropriate application process.

You should be aware, during the application process you will need to share detailed financial information with us, as well as your business plan. We will do our best to respect your privacy and the confidentiality of your business. However, it is critical that we and any involved reviewers gain a full understanding of the current status of and future plans for your business.

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

\_\_\_\_\_  
Date Submitted

\_\_\_\_\_  
Owner(s) Name(s)

\_\_\_\_\_  
Amount Requested

\_\_\_\_\_  
Signature(s) of Owner(s)

Pre-Appl. No. \_\_\_\_\_  
Date Rec'd \_\_\_\_\_  
Rec'd by \_\_\_\_\_

**Business Information:**

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

Owner(s) Name(s): \_\_\_\_\_ Primary Contact: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

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

Form of Business: \_\_\_\_\_

(C-Corp, S-Corp, Partnership, LLC, Sole Proprietor)

Date Business Was Established: \_\_\_\_\_

**Description of the Business:** Provide a brief description of the business, including:

- Type of business,
- The business's history,
- The business's market segment and the geographic size of the market, and
- Successes and challenges to date.

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**Business Plan:** Explain your plans for growth of the business, including market opportunities, potential for growth, impediments to growth, and your specific plans for the near term future of the business. Include the time frame for your plans, including phases, if any.

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**Financing Needs:**

What is the total cost of the proposed project? \_\_\_\_\_

How much will you be investing in it? \_\_\_\_\_

Have you applied for or arranged any bank financing for the project? \_\_\_\_\_

If yes, please describe (source, level of commitment, purpose, contingencies, etc.): \_\_\_\_\_

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If there are impediments to obtaining bank financing, please describe: \_\_\_\_\_

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How much assistance are you seeking from City of Pittsfield programs? \_\_\_\_\_

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What are your needs: (give estimated amount):

Working Capital: \_\_\_\_\_

Purchase of Capital Assets: \_\_\_\_\_

Technical Assistance / Professional Consultant: \_\_\_\_\_

When do you need the assistance? \_\_\_\_\_

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Do you own or lease your business location? \_\_\_\_\_

Does the building require improvements to meet Americans with Disabilities Act requirements? \_\_\_\_\_

If yes, what types of improvements are needed? \_\_\_\_\_

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**Investment:** Describe how much has been invested in your business to date and the sources of the investment.

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**Employment:**

What is your current employment?

Full-time: \_\_\_\_\_

Part-time: \_\_\_\_\_

How many permanent, full-time jobs will you add in the next:

Year? \_\_\_\_\_

Second Year? \_\_\_\_\_

Third Year? \_\_\_\_\_

**Project Goals:** Explain what you will achieve if the project is implemented and how the business will benefit from City of Pittsfield assistance.

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**CERTIFICATION:**

I/We certify that the information provided in this pre-application is true and complete to the best of my/our knowledge. I/we understand that this information is being submitted to the City of Pittsfield for consideration for a loan or other business assistance, and that the City of Pittsfield is relying on this information.

If Applicant is a proprietor or general partner, sign below.



Attachment A

**ACKNOWLEDGEMENT REGARDING PUBLIC  
FUNDING AND INFORMATION DISCLOSURE**

The undersigned applicant(s) acknowledge(s) that the program for which consideration is requested is funded by the City of Pittsfield and that because these programs are funded with public funds, information supplied by the applicant may be considered public information pursuant to applicable federal and/or state laws and regulations.

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(Applicant's Signature)

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(Additional Applicant)

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(Additional Applicant)