

ICECA Fast Track Grant Application

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DATE OF REGISTRATION



BUSINESS OWNER INFORMATION

Full Name :		
Email :	Phone Number:	

BUSINESS INFORMATION

Name of Business:		
Location of Business:	Type of Busines (Sole Proprietor, Part	s:
Description of Business:		
Amount of Grant Requested:		
Proposed use of Grant:		
Grant will be the responsibility of the business owner. The		elines and rules and understands that any tax liability resulting from the ne Committee are final and not subject to arbitration or challenge. The ess plan is factual and complete.
Business Owner Signatur	Print	Date
Business Owner Signatu	e Print	Date
Zach Hautala, Executive Director P:906-284-2654 E: zach@iron.org	Date Application Received	THANK YOU FOR YOUR APPLICATION