



# City of Novi Business Assistance Team (BAT) Participation Request Application

Please print your information

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

**Owner Name(s):** \_\_\_\_\_

**Full Address:** \_\_\_\_\_

**Daytime Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Website:** \_\_\_\_\_

## Tell us about your business ...

**Type of Business:** \_\_\_\_\_

Structure:  Corporation  Sole Proprietorship  Partnership

Building:  Own  Rent

Employees:  # of Full Time \_\_\_\_  # of Part Time \_\_\_\_

**Describe your business:**

**Describe your needs:**  Business Plan  Marketing

Financial Management  Expansion  Other: \_\_\_\_\_

Describe your major business challenge:

Length of time in business: \_\_\_\_\_

## INTERNAL USE ONLY:

Date Received: \_\_\_\_/\_\_\_\_/\_\_\_\_ Received By: \_\_\_\_\_

Referred By:  Chamber  Business  Other: \_\_\_\_\_

**Please fill out this application and return to:**

Ara Topouzian at atopouzian@cityofnovi.org or visit InvestNovi.org

**City of Novi** | 45175 W. Ten Mile Road | Novi, Michigan 48375 | 248.347.0583