

Liberty Bank Academy for Small Business

REGISTRATION FORM

TELL US ABOUT YOURSELF

Name: _____
Telephone: _____
Address: _____
Email: _____
Employer: *(if applicable)* _____

TELL US ABOUT YOUR BUSINESS

Business Name: _____
Business Address: _____
Telephone: _____
Type of Business: Manufacturing Construction Service Technology Other
EIN: _____
Email: _____
Website: _____
Business Structure: Sole Proprietorship Partnership Corporation Other
Years in Business: _____
Certifications: DBE MBE WBE DVBE Other: Please specify
Please attach copy of certification(s)
Enterprise: DBE – Disabled Business Enterprise
 MBE – Minority Business Enterprise
 WBE – Woman Business Enterprise
 DVBE – Disabled Veteran Business Enterprise

Please describe your Business:

Why are you interested in attending this academy?

I hereby commit to participate fully and attend all classes. I understand that if I complete at least six classes, I qualify for a micro small business credit line up to \$5,000.

I attest that the business or any of its owners have not filed for bankruptcy in the past five (5) years.

Participant's signature: _____ Date: _____

Please let us know if you require any accommodations for a disability:

Please mail to:

Glenn Davis, Vice President, Community Development/CRA Officer
Liberty Bank, 315 Main Street, Middletown, CT 06457