



Completed application can be turned-in to the MBC
 or
 Emailed to: LHale@AkronLibrary.org

MICROBUSINESS CENTER (MBC) APPLICATION

APPLICANT INFORMATION

FULL NAME	
ADDRESS	
PHONE & EMAIL	
LIBRARY CARD #	

BUSINESS/VENTURE INFORMATION

BUSINESS NAME:	
Please describe your venture in 5 sentences or less ex. ~For-Profit or Non-Profit ~ Industry ~Product or Service ~Stage of Development	<hr/> <hr/> <hr/> <hr/> <hr/>
Do you have an online presence? If so, where? ~Website ~Other Social Media	<hr/>
How would you benefit from this program?	<hr/> <hr/> <hr/>

DISCLAIMER AND SIGNATURE

I am aware of the ASCPL privacy policy and by signing I agree to abide by the policies and procedures of the ASCPL and the MBC.

Signature _____ **Date** _____