



Downtown Business Info Center
(DBIZ)

Zoning in on small business

New Business Form

Date: _____

Name: _____

Address: _____

Daytime Phone: _____ Home Phone: _____

E-mail Address: _____

Business Information

Potential Business Name: _____

Type of Business: _____

How can we help?

(Please check areas where assistance is needed)

_____ Business Advise ment

_____ Location

_____ Lending Information

_____ Broker

_____ Construction

_____ Marketing

_____ Networking

_____ Other

If you checked other please specify the type of assistance you need: _____

Comments: _____

How did you find out about DBIZ? : _____
