



Closing The Digital Gap

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CTDG BUSINESS APPLICATION

**This application must be filled out completely.
PLEASE PRINT CLEARLY**

Date _____ Business Name _____ EIN # _____

Employee/Owner First Name _____ Last Name _____

Street Address _____

City _____ State _____ Zip Code _____ County _____

Phone Number/Contact Number: _____ DUNS # _____

Mobile Number _____ E-mail _____ @ _____

Web Site Address (if applicable): _____

Domain Name (if applicable): _____ Domain Host _____

Business Income (if applicable): \$ _____ Number of Computers at Business _____

- New Business
- Micro enterprise

- Business Owner
- Business Employee

Can be a Standby Yes No Other _____

Signature: _____

For Department Use Only

<input type="checkbox"/> Income Verified	<input type="checkbox"/> Household Verified	Reading Level _____	Writing Level _____
<input type="checkbox"/> # Computer Verified What Type of Computer _____ Serial # _____	<input type="checkbox"/> BETFOP Program	<input type="checkbox"/> DOL Program	<input type="checkbox"/> LCC Program
	_____ Hardware/Software UG _____ Business Forms Need	<input type="checkbox"/> Business Form Need <input type="checkbox"/> Web Related Needs	<input type="checkbox"/> Software Need <input type="checkbox"/> Hardware Need
Checked By: _____		Comments: _____	
Approved By: _____		Class Date: _____	