

GRANVILLE-HAVENWOODS ADVISORY COUNCIL BUSINESS QUESTIONNAIRE

Date

The Granville-Havenwoods Advisory Council reviews plans and proposals for redevelopment projects in the Granville-Havenwoods Development Area for consistency with the goals, needs, and desires of the Granville-Havenwoods community and its residents, businesses, property owners and other stakeholders. The Granville-Havenwoods Development Area is bounded by W. County Line Road, Good Hope Road, N. 43rd Street, and N. 107th Street. Additionally, the council would like to be informed of new businesses or developments coming into the Granville-Havenwoods Development Area or altering operations within the area. The council would like to review those businesses/developments and possibly offer recommendations or provide input on them. Any recommendations made by this council are advisory only to other required processes.

Please be prepared to present on your business or proposed business for roughly 5 minutes. If you are not confident in your command of English, please bring a translator with you. Applicants must meet with the local Council member prior to appearing at this meeting and may be moved to the next meeting date, if the meeting runs long.

Individual Name:

INCLUDE ALIASES AND PRIOR NAMES

Email:

1. What is the legal name and D/B/A name of your business?

2. What is the address of your business or proposed business?

3a. Are you a new or existing business?

3b. How many years have you been in business?

4. Describe the product(s) or service(s) you offer.

Include specific activities to be held at the proposed location. Include all licensing needed/applied for.

5. What problem does your business solve?

6a. How will you involve the community?

6b. How will you give back to the community?

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<p>7. What are the business hours of operation?</p>
<p>8. Who is your target audience?</p>
<p>9a. Why do you want your business to be located within the 9th district?</p>
<p>9b. How will your business improve the 9th district?</p>
<p>10. Who will maintain the exterior premise of your establishment?</p>
<p>11. Are you leasing or buying the building where your business will be located?</p>
<p>12. Describe your security design.</p>
<p>13. Does your proposal involve any City approvals? If so, what are those approval processes?</p>
<p>14. What is the project timeline or schedule for your development or business, including any City approvals that are required?</p>
<p>15a. Do you have a written business plan?</p>
<p>15b. Does your plan include a marketing plan?</p>
<p>15c. Are you doing financing? If yes, with whom?</p>
<p>15d. What is your plan on hiring and how many full/part-time employees?</p>

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15e. Are you going to hire within the community and how do you plan to recruit/train these individuals?

15f. What insurance coverage do you have?

16. If needed, have you contacted the Department of Public Works?

17. Do you have a contractor for plumbing, HVAC, and architect? If yes, who are they?

18. Have you obtained your seller's permit?

19. Have you registered with the Department of Financial Institutions?

20. Do you have an accountant and a lawyer? If yes, who are they?

21. Do you currently have any unpaid financial judgments against you personally or any businesses you are involved with and/or in?

GRANVILLE-HAVENWOODS ADVISORY COUNCIL INDIVIDUAL QUESTIONNAIRE

Date

All individuals involved in the business must complete this form, including:

- sole proprietor
- all partners of a partnership
- all officers, directors, and agent of a corporation or nonprofit organization
- members and agent of a limited liability company

Your application or renewal is not complete until all required Individual Questionnaires are submitted.

Part A: Business Information				
1. Legal Business Name (individual name if sole proprietor)				
2. Business Trade Name or DBA				
3. Entity Type (<i>check one</i>)				
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Corporation	<input type="checkbox"/> Nonprofit Organization

Part B: Individual Information				
1. Last Name		2. First Name		3. M.I.
4. Relationship to Business (Title)		5. Email		6. Phone
7. Home Address				
8. City		9. State	10. Zip Code	11. Date of Birth
12. Driver License/State ID Number			13. Driver License/State ID State of Issuance	

Part C: Address History					
1. Do you currently reside in Wisconsin? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?				Years	Months
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.					
Previous Address 1		City		State	Zip Code
Previous Address 2		City		State	Zip Code
Previous Address 3		City		State	Zip Code
Previous Address 4		City		State	Zip Code
Previous Address 5		City		State	Zip Code
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.					
State	County	State	County	State	County
State	County	State	County	State	County

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Part D: Criminal History		
1. Have you ever been convicted of any offenses (excluding traffic offenses) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.		
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are charges for any offenses currently pending against you (excluding traffic offenses) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.		

Part E: Attestation	
READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully.	
Signature	Date