



QUALIFICATION CRITERIA:

- Employ at least 10 fulltime employees
- Employ less than 10, fulltime employees and have the ability to grow to 10 within a year
- Maintained principal place of business in Pasco
- Generate at least \$1 million, in annual revenue
- Generate less than \$1 million, in annual revenue, but have the ability to reach \$1 million within two years

CORPORATE INFORMATION

Company: _____

Address: _____

Corporate Web Address: _____

Name: _____ Title: _____

Phone: _____ E-Mail: _____

Number of Full Time Employees: _____ Part Time _____

The goal of the program is to help Pasco based companies work more efficiently, become more strategic and create new job opportunities.

NAICS Code for primary nature of business: _____

Please list the major products/service that you produce:

a. _____

b. _____

c. _____

Number of year's company has been in Pasco County: 1-5 6-10 11-20 20+

What year was your company established? _____

Primary Business Type: Manufacturing Distribution Processing Technology Construction

What is your total annual **Pasco** payroll (excluding payroll taxes and benefits)? _____

Is the company: Veteran owned Woman owned Minority owned

Shareholder owned Not Applicable

Number of Full Time Employees: _____ Number of Part Time Employees: _____

Please indicate, by percentage of sales, where your customers are located:

_____% Pasco _____% Florida _____% National _____% International (**should = 100%**)

What were your total gross sales from the most recent fiscal year? \$_____

When does your fiscal year begin? _____

During the past year, have your company's sales:

Increased Decreased Remained the Same

Do you perceive your market share to be: Increasing Decreasing Remaining the Same

Do you sell to the Federal Government or to a Prime Contractor of the Fed Gov? Yes No

CONFIDENTIALITY STATEMENT

Pursuant to Section 288.075 of the Florida Statutes, I hereby request that any information contained herein concerning our plans, intentions or interest to locate, relocate or expand any of our business activities in this State be treated confidentially.

Signature: _____ Date: _____