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**DRACUL SMALL BUSINESS ADMINISTRATION**

950 FM 1959 RD, Suite 1203, Houston, Texas 77034

Thank you for your interest in applying for a Small Business Certification. Please complete all fields below. If the question is non applicable to you, mark the field N/A. Blank fields will not be accepted. Email completed applications to: sba@draculgov.com.

***Business Information***

|  |  |
| --- | --- |
| Date of Application: |  |
| Type of Business: |  |
| Business Name: |  |
| Business Address: |  |
| City, State, Zip: |  |
| Business Phone: |  |
| Business Email: |  |
| Business Website: |  |

***Business Financial Information***

|  |  |  |  |
| --- | --- | --- | --- |
| Expected Income per Month: | $ | Expected Income per Year: | $ |
| Expected Monthly Expenses | $ | Expected Yearly Expenses: | $ |
| Business Owner Name 1: |  |
| Owner 1 Address: |  |
| Owner 1 Email: |  |
| Business Owner Name 2: |  |
| Owner 2 Address: |  |
| Owner 2 Email: |  |

*List initial items that will be available for purchase, both physically and digitally*

|  |  |  |
| --- | --- | --- |
| Item |  | $ |
| Item |  | $ |
| Item |  | $ |
| Item |  | $ |
| Item |  | $ |
| Item |  | $ |
| Item |  | $ |
| Item |  | $ |

Applicant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_