

# ERC Application

Please fill out form and email to [erc@charleston-sc.gov](mailto:erc@charleston-sc.gov)

91 Hanover Street • Suite 109 • Charleston, SC 29403



City of Charleston

## Entrepreneur Resource Center

Coworking • Collaboration • Community

### Personal Information

Full Name:	Date of Birth:	
Business Name:	% Ownership in Business:	
Street Address:	City:	State:
Email Address:	Zip Code:	Phone:
Emergency Contact Name:	Emergency Contact Phone Number:	

### Business Information

Type of Business:	Years in Operation:	# of Employees:	Legal Entity Type: <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Corp <input type="checkbox"/> Corporation <input type="checkbox"/> Other (Describe below)
Business Number:	Business Email:		
Street Address:	City:	State:	Zip:

### Demographic Information

### Desired Working Space

Race:	Sex:	Desired Type of Working Space:
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### Financial Information

I confirm my personal net worth does not exceed \$1.32 million, and my business gross revenue/sales has not exceeded \$250,000 for the past 2 years (avg.)

☐ Yes ☐ No *Additional documents may be requested (i.e. copy of I.D., tax returns)*

### Terms & Authorization

I hereby declare that the information submitted in this application is true and correct to the best of my knowledge. I understand that any false information will result in disqualifying this application.

☐ Yes ☐ No

Applicant's Full Name:	Applicant's Signature:	Date:
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