

QUALIFICATION CRITERIA:

- Maintain principal place of business or reside in Pasco County
- Employ at least 10 fulltime employees
- Generate at least \$1 million, in annual revenue

CORPORATE INFORMATION

Company: _____

Address: _____

Corporate Web Address: _____

Your Name: _____ Title: _____

Phone: _____ E-Mail: _____

Number of Full Time Employees: _____ Part Time _____

The goal of the program is to help Pasco based companies and residents work more efficiently, become more strategic, grow by expanding and creating new jobs.

Are you a hired CEO or an owner CEO? _____

NAICS Code for primary nature of business: _____

Primary Business Type: Manufacturing Distribution Processing Technology Construction

Please list the major products/service that you produce:

a. _____

b. _____

c. _____

Number of years company has been in Pasco County: 1-5 6-10 11-20 20+ N/A

What year was your company established? _____

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

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

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

If your company is not in Pasco County, please provide your home address below:

Address _____

City _____ State _____ Zip Code _____

County _____

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: _____

Please email all completed applications to Daniel Mitchell at
dmitchell@pascoedc.com