



**DES MOINES COUNTY ENTREPRENEUR COMPETITION
2025 REGISTRATION FORM**

RETURN COMPLETE FORM NO LATER THAN 4:00PM CENTRAL TIME

Name: _____ Business Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Email: _____

Website: _____ Business Start Date: _____

Structure (e.g. INC., LLC): _____ Business Sector (e.g. restaurant): _____

Have you attended any business plan writing seminars, sought out any one-on-one business planning assistance or taken any business planning classes? If yes, please describe:

ACKNOWLEDGEMENT

I have read and agree to the rules and timing that govern this contest. I understand and acknowledge that the Judges Panel maintains the right to declare a winner or winners, as well as the right to decline to pick a winner based on its sole discretion. I further acknowledge and agree that I hold the competition, its judges and administrator harmless.

Signature: _____ Date: _____

Printed Name: _____

RETURN FORM TO:

Greater Burlington Partnership
610 N 4th St, Suite 200, Burlington, IA 52601
aobrien@greaterburlington.com