

APPLICATION FOR SERVICES

PART I: Contact Information

Client Name (name of the person completing the form/representative of the business)

Sal: _____ First: _____ MI: _____ Last: _____

Email Address _____

Telephone

Work: _____ Home: _____ Fax: _____ Cell: _____

Street Address (business address if currently in business, home address if not in business) _____

City _____ State _____ Zip + 4 _____ County _____

PART II: Client Intake (to be completed by client)

| | |
|--|--|
| 1. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female | 2. Race (mark one or more) <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native American or Alaskan Native <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White or Caucasian |
|--|--|

| | | | |
|---|---|---|---|
| 3. Hispanic Origin <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino | 4. Veteran Status <input type="checkbox"/> Service-Disabled Veteran <input type="checkbox"/> Veteran <input type="checkbox"/> Non-Veteran | 5. Current Military Status <input type="checkbox"/> Member of Reserve or National Guard <input type="checkbox"/> On Active Duty <input type="checkbox"/> None | 6. Do you consider yourself a person with a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|---|---|---|

| | | |
|---|---|-------------------------------------|
| 7. Are you currently in business? <input type="checkbox"/> Yes (Continue to 8 --->) <input type="checkbox"/> No (Skip to 21) | 8. When did you start your business? (dd/mm/yy) _____ / _____ / _____ | 9. Name of Business _____ |
|---|---|-------------------------------------|

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|--|--------------------------------------|
| 10. Business Email Address _____ | 11. Business Website _____ |
|--|--------------------------------------|

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| 12. Total number of employees _____ Full time _____ Part time | 13. What percentage of your business is male or female ownership? _____ % Male _____ % Female | 14. What is the veteran status of the ownership? <input type="checkbox"/> Veteran <input type="checkbox"/> Service-Disabled Veteran <input type="checkbox"/> Non-Veteran | 15. Are you 8(a) certified? <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|--|--|---|

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|---|--|--|--|--|--|
| 16. Type of Business (mark only one - primary business category) | | | | | |
| <input type="checkbox"/> Accommodation & Food Services | <input type="checkbox"/> Health Care & Social Assistance | <input type="checkbox"/> Public Administration | | | |
| <input type="checkbox"/> Administrative & Support | <input type="checkbox"/> Information | <input type="checkbox"/> Real Estate & Rental & Leasing | | | |
| <input type="checkbox"/> Ag, Forestry, Fishing & Hunting | <input type="checkbox"/> Management of Companies & Enterprises | <input type="checkbox"/> Retail Trade | | | |
| <input type="checkbox"/> Arts, Entertainment & Recreation | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Transportation & Warehousing | | | |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Mining | <input type="checkbox"/> Utilities | | | |
| <input type="checkbox"/> Educational Services | <input type="checkbox"/> Other Services (except Public Admin) | <input type="checkbox"/> Waste Management & Remediation Serv | | | |
| <input type="checkbox"/> Finance & Insurance | <input type="checkbox"/> Professional, Scientific & Technical Serv | <input type="checkbox"/> Wholesale Trade | | | |

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| 17. What is the legal entity of your business? <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> S-Corporation <input type="checkbox"/> Other (specify) _____ | 18. Do you conduct business online? <input type="checkbox"/> Yes <input type="checkbox"/> No | 19. Are you a home based business? <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|---|--|

20. For your most recent full business year, what were your:
 Gross Revenue/Sales (\$) _____ Profit/Loss (\$) _____

21. What is the business' or aspiring business' primary product or service?

22. What prompted you to contact us? (mark all that apply)

| | | |
|--|--|--|
| <input type="checkbox"/> Bank/Lender | <input type="checkbox"/> Local Economic Development Official | <input type="checkbox"/> Word of Mouth |
| <input type="checkbox"/> Chamber of Commerce | <input type="checkbox"/> Magazine/Newspaper | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> Educational Institution | <input type="checkbox"/> Other Business Owner | |
| <input type="checkbox"/> Internet/Website | <input type="checkbox"/> Television/Radio | |

23. What is the nature of service you are seeking?

| | | |
|--|---|--|
| <input type="checkbox"/> Start-up Assistance (How do I start a business?) | <input type="checkbox"/> Managing a Business | <input type="checkbox"/> Technology/Computers |
| <input type="checkbox"/> Business Plan Development | <input type="checkbox"/> Customer Relations | <input type="checkbox"/> eCommerce (using the Internet to do business) |
| <input type="checkbox"/> Financing/Capital (e.g. applying for a loan, building equity capital) | <input type="checkbox"/> Human Resources/Managing Employees | <input type="checkbox"/> Legal Issues (e.g. Should I incorporate?) |
| <input type="checkbox"/> Marketing/Sales (e.g. promotion, market research, bring to market, pricing, etc.) | <input type="checkbox"/> Business Accounting/Budgets | <input type="checkbox"/> International Trade |
| | <input type="checkbox"/> Cash Flow Management | <input type="checkbox"/> Other (specify) _____ |
| | <input type="checkbox"/> Tax Planning/Considerations | _____ |
| | <input type="checkbox"/> Buy/Sell Business | _____ |
| | <input type="checkbox"/> Government Contracting | |
| | <input type="checkbox"/> Franchising | |

24. Describe the specific issue or assistance requested

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|------------------------|------------|
| Client Signature _____ | Date _____ |
|------------------------|------------|