

# Program Inquiry Form

## Business Development Department

NAME \_\_\_\_\_ County of Residence \_\_\_\_\_

What is your business idea?

\_\_\_\_\_

Why do you want to start your own business?

\_\_\_\_\_

What is your experience in this type of business?

\_\_\_\_\_

What skills or experiences have you acquired that will help you make this business successful?

\_\_\_\_\_

Who is assisting you with your business idea?

\_\_\_\_\_

What is your current employment status?

\_\_\_\_\_

Are you currently in business?

YES  NO

Are you willing to risk your life savings or personal assets?

YES  NO

Do you have a business plan?

YES  NO

Are you willing to work 12-16 hrs/day, six days a week?

YES  NO

What will be your role in the business?

\_\_\_\_\_

How did you hear about us?

\_\_\_\_\_

What assistance would you like from us?

One-on-One business Coaching  Business Class  Business Loan  Other \_\_\_\_\_