



Entrepreneur Intake Form

Name:	Business Name:
Street Address:	Date of Business Start:
City, State, Zip:	Home Phone:
Gender:	Work Phone:
Email Address:	Mobile Phone:
Website:	Marital Status:
How did you hear about us?	Please list any formal entrepreneurship training you have received:

Have you legally structured your business with your respective state? (If yes, please list state, year and type of entity you chose).	What phase in your business in? <input type="checkbox"/> Concept (0-1 years) <input type="checkbox"/> Start Up (1-3 years) <input type="checkbox"/> Growth (3+ years) <input type="checkbox"/> Exit Strategy
Average Annual Sales Income: <input type="checkbox"/> \$0 - \$10,000 <input type="checkbox"/> \$10,000 - \$50,000 <input type="checkbox"/> \$50,000 - \$250,000 <input type="checkbox"/> \$250,000 +	Do you have a written business plan, marketing plan or feasibility study? If yes, please indicate which one.
Identify your business model: <input type="checkbox"/> Ecommerce <input type="checkbox"/> Retail <input type="checkbox"/> StoreFront <input type="checkbox"/> Consulting <input type="checkbox"/> Vendor <input type="checkbox"/> Other <hr style="width: 100%;"/>	Identify your business industry: <hr style="width: 100%;"/> <hr style="width: 100%;"/>

Are currently or have you in the past been approved for a business loan or business line of credit? If yes, please list the lending institution.	Does your business operate outside of the state?
---	---

Entrepreneur Business Basics that trains and equips low –to-moderate income minority entrepreneurs through various programs, events and one on one consulting. We invite you to see our full list of services on line at www.ebbkc.com/programs.

OFFICE USE:
Date: _____ Program Recommendation: _____
Intake Consultant: _____
Notes: