

# Client Intake Form

\* Required

## 1. Today's Date \*

Example: December 15, 2012

## Contact Information

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### 2. Your Name: \*

\_\_\_\_\_

### 3. Email Address \*

\_\_\_\_\_

### 4. Phone Number \*

\_\_\_\_\_

### 5. Mailing Address

\_\_\_\_\_

### 6. Preferred Method of Contact \*

Mark only one oval.

Email

Phone

Mail

## Client Intake Questionnaire

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### 7. What is your proposed business name?

\_\_\_\_\_

### 8. What is your proposed location (address)?

\_\_\_\_\_

**9. Business Location**

Mark only one oval.

- Home based
- Own a Facility
- Rent a Facility
- Unknown at this time

**10. Stage of Business \***

Check all that apply.

- Idea Only
- In Process of Starting or Acquiring a Business
- Currently own a business in operation 1 year or less
- Currently own a business in operation for 1 - 5 years
- Currently own a business in operation for 5 years or more

**11. Please give a brief description of the business you would like to start or have started: \***

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**12. What steps have you taken on your own? \***

Check all that apply.

- Business License
- Tax ID
- LLC Filings
- Local/State Permits/ Licenses
- Business Banking
- Marketing Materials
- None yet
- Other

**13. Form of Business \***

Mark only one oval.

- Sole Proprietorship
- Partnership
- C- Corporation
- S- Corporation
- Limited Liability Company (LLC)
- Unknown at this time

**14. Type of Business \****Mark only one oval.*

- Retail
- Service
- Wholesale, Distribution
- Manufacturing
- Construction
- Representative/Franchise/ Licensee
- E- Commerce
- Non-Profit
- Not Sure

**15. Do you have a business plan \****Mark only one oval.*

- Yes
- No
- Partial, Needs Work

**16. What is your gross income or expected gross income generated by the business?**

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**17. Income generated by the business will be... \****Mark only one oval.*

- My Main Source of Income
- Supplementary Income
- Unknown at this time

**18. How many employees (excluding yourself) will you have or do you currently have?**

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**19. What is you current employment status? \****Check all that apply.*

- Full-Time
- Part-Time
- Self- Employed Full- Time
- Self- Employed Part- Time
- Unemployed

**20. Are you seeking financing/grants? \****Mark only one oval.*

- Yes
- No
- Maybe

**21. If so, what is the expected funding percentage?***Mark only one oval.*

- 25%
- 50%
- 75%
- 100%

**22. How much do you plan to personally invest into starting this business or how much have you already personally invested? (Please specify) \***

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**23. Would you be interested in business incubation (if qualified)?***Mark only one oval.*

- Yes
- No
- Maybe

**24. Why do you want to be a small business owner? \***

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**25. Have you researched the business to determine the types of risks that may be involved? \****Mark only one oval.*

- Yes
- No

**26. If this is an existing business, what areas of concern do you have about your business?**

*Check all that apply.*

- Business Planning
- Human Resources
- Marketing
- Management
- Finance
- Accounting
- Business Model
- Technology
- Other: \_\_\_\_\_

**27. Please share any additional information you would like to share:**

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**28. What type of services would you like to receive from the Kelley Center?**

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**29. I authorize emails concerning the client intake process \***

*Mark only one oval.*

- Yes
- No

**30. I authorize emails of general business interest from the Kelley Center. \***

*Mark only one oval.*

- Yes
- No

**31. I understand that all information given and/or received is to be held to the strictest level of confidentiality! \***

*Mark only one oval.*

- Yes
- No

## Demographic Information

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### 32. Gender

Mark only one oval.

- Female
- Male
- Prefer not to say
- Other: \_\_\_\_\_

### 33. Ethnicity/ Race Group

Check all that apply.

- Asian
- Black/ African American
- Native American/ Alaska
- Hispanic
- White/Caucasian
- Prefer not to answer
- Other: \_\_\_\_\_

### 34. Military Status

Mark only one oval.

- Member of Reserve or National Guard
- On Active Duty
- Veteran
- Non- Veteran
- Not Applicable
- Prefer not to answer

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