

CLIENT ASSESSMENT SHEET

P-L-E-A-S-E P-R-I-N-T

Date: _____, 200_____ Are You a LBTC? [] Yes [] No

Name: _____ Business Name: _____
First Middle Initial Last

Home Address: _____
Street Address Apt. #
City State Zip Code

Home Telephone: (____) _____ - _____ Business E-Mail: _____
 Cellular Telephone: (____) _____ - _____ Personal E-Mail: _____
 Office Telephone: (____) _____ - _____ Website Address: _____
 Fax Number: (____) _____ - _____ Drivers License #: _____
 Date of Birth: _____, 19____ State of Issued License: _____

PERSONAL INVENTORY:

Why do you want to go into business: _____

Are you the type of person who can start business and make it go? [] Yes [] No

ASSESSING YOUR SKILLS, EDUCATION & EXPERIENCE:

What type of business do you own or want to own? _____

What skills, personality or experience would you need to operate such a business?

Have you ever been involved with a business or service like the one you want to start? [] Yes [] No

Have you worked as a manager? [] Yes [] No

Have you had any business training? [] Yes [] No

If yes, where and what kind? _____

Your Product or Service

Is your product / service something people want or need? [] Yes [] No

What are its' benefits to buyers? _____

Is there a need for patent, copyright or trademark protection for your product / service? [] Yes [] No

If it is not something which people need, why might they want to buy it anyway?

As a gift? []Yes []No For business convenience? [] Yes [] No For leisure time enjoyment? [] Yes [] No

How much cash do you have to put into the business: \$_____

Can you live on less than your present income/salary? [] Yes [] No

How is your credit: [] Poor [] Fair [] Average [] Good [] Excellent

Notes:



BUSINESS INCUBATOR QUESTIONNAIRE
P-L-E-A-S-E P-R-I-N-T

Today's Date: _____, 200____.

What is your name:

Form with fields for Last Name, Middle Initial, First Name, Home Address, City, State, Zip Code.

Employer Name:

Form with fields for Business Address, City, State, Zip Code.

Form with fields for Home Telephone, Cellular Telephone, Business Telephone, Fax Number, Business E-Mail, Personal E-Mail, Website Address, FL. Drivers License #.

How did you hear about the LBTC Business Incubator Program? _____

- 1. Check Highest Level of Education: [] High School Graduate [] Junior College [] College Graduate [] Technical School [] Some College [] Graduate Degree
2. Are you currently employed? [] Yes [] No If yes, [] Full Time [] Part Time [] Self-Employed
3. Have you ever taken any business courses or workshops? [] Yes [] No
4. What type of business do you plan to start?
5. Proposed Company Name:
6. If starting a new business, do you have experience in that field? [] Yes [] No
7. Have you ever owned a business? [] Yes [] No If yes, what type?
8. What happened with your previous business?
9. Do you currently own a business? [] Yes -- If yes, how long? ___ years [] No
10. Is your business legally established in the State of Florida? [] Yes Year Established: _____ [] No

11. Do you have a valid County & City Occupational License: Yes No
Are you certified through other agencies? Yes No
If yes, are you an MBE SBA Contractor/Builder Other

12. Will your business need the following: LBTC Office Space Home Office
 Storefront Warehouse Other: _____

13. Projected number of employees working for you after working with the LBTC: _____
How many employees can be hired from the Target Area in Leesburg? _____

14. Do you have a business plan? Yes No
15. Do you have a written list of personal and business goals? Yes No
16. Do you have a marketing plan? Yes No
17. Do you have a proposed a budget for your business? Yes No
18. Have you prepared a proposed budget for your personal finances? Yes No

19. What type of assistance are you seeking from the LBTC Business Incubator? For example, start-up assistance, organization, bookkeeping, purchasing, planning, sales, marketing, promotions, HR issues, credit repair, housing assistance, office space, government certifications, loans, grants, training, business plan, marketing plan, sales plan, advertising plan, etc., etc.,
Please explain: _____

20. How many hours a week can you commit to the LBTC Business Incubator helping you develop your business and the tasks you need to complete? 1-5 Hours 6-10 Hours 11+ Hours

21. Date of birth: _____ Country of Birth: _____

22. Are you a U.S. Citizen?: Yes No

23. Ethnicity: Hispanic African American Caribbean Islander Haitian
 Caucasian Native American Asian

**26. PLEASE RETURN THIS QUESTIONNAIRE TO: Business Incubator Manager
City of Leesburg, LBTC
P.O. Box 490630/600 Market St.
Leesburg, FL 34749-0630
<http://leesburgflorida.gov/lbtc/index.aspx>**

FOR LBTC USE ONLY:

Staff Member Initials: _____ Date Application Received: _____ Date of Initial Contact: _____

Type of Business: Start-Up New/Emerging Existing Re-Instatement

Your Management and Organization

Is it possible for you to manage the business alone? [] Yes [] No

If your business is a partnership, what are the rights and responsibilities of each partner?

If your business is a partnership, do you have a legal agreement spelling out how the partnership might be dissolved without endangering the business? [] Yes [] No

How will you establish prices or fees to ensure a reasonable profit? _____

Will you have people work for you? [] Yes [] No

Will they be: [] Employees [] Independent Contractors How will they be paid: _____

Do you know how to report earnings or fees paid? [] Yes [] No

Will you be responsible for contributions for Social Security/Unemployment/ Disability? [] Yes [] No

Do local Zoning ordinances permit home operation of the activities necessary for your business? [] Yes [] No

What licensing laws or regulations govern the production and sale of your product / service?

Must you be licensed or bonded? [] Yes [] No

What are your plans for effective marketing, distribution, purchasing, management, etc? _____

RECOMMENDATIONS TO ADDRESS NEEDS:

Business obstacles: _____

Program recommendations for continued growth: _____

Measured results/jobs created: _____

OTHER BUSINESS CONSIDERATIONS:

Number of Planned Employees: _____

What is your Financial Condition? Please be realistic: _____

Home: [] Own [] Rent

Corporation / LLC: [] Yes [] No

Type of location needed: [] Lease [] Purchase [] Home Office [] Other

Occupational licenses: [] Yes [] Federal [] State [] County [] City [] No

INITIAL CLIENT NEEDS ASSESSMENT:

[] Business Plan [] Credit Repair [] Funding Package

[] Marketing Plan / Strategy [] Networking Opportunities [] Funding Book

[] Computer Access / Purchase [] Commercial Space [] Business Formation

[] Business Workshop [] Clerical & Secretarial Services [] Marketing Research

[] Product Exposure [] Computer Training [] Business Counseling

[] Financing [] Mentoring Opportunities [] Start-Up Costs

[] Industry Exposure [] Equipment (specify): [] Personal Budget

[] Office Space (In-House) [] Business Budget [] Needs Funding

Workshops:

[] Time Management [] Financial Management [] Stress Management

Notes:

