



Initial Assessment for Start-up Businesses

Name(s): _____ **Date:** _____

Address: _____

Type of Business: _____ **Email Address:** _____

Business Name: (If finalized) _____

Day Time Phone Number: _____ **Evening Phone Number:** _____

In order to make your upcoming counseling session more effective, please answer all of the following questions, to the best of your ability. There are **no** right or wrong answers.

Note: All information provided to the KSBDC is confidential.

How will owning and operating a business help you achieve your personal goals?

Describe your business idea in 25 words or less (please print or type):

Have you determined if there is a market (customer need and base) for your idea? __ No __ Yes

List all products or services you plan to offer your customers.

List any items (equipment, inventory, building, land, etc.) you own that may be used in your business.

What legal form of business organization do you intend to utilize?

<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Limited Liability Company
<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Partnership
<input type="checkbox"/> Corporation	<input type="checkbox"/> Unknown
<input type="checkbox"/> Subchapter S Corporation	

Why are you selecting this legal form of business organization?

When do you plan to open your business?

Describe any experience you or other members of your management team have in operating a business or the specific industry in which you will function:

Place a check mark in the blank which best describes you and key partners or managers in your company.

	Adequate Knowledge	Counseling Needed	Training Needed
Accounting and Bookkeeping			
Computer Experience			
Financial Management			
Marketing and Promotion			
Operations			
People Management			
Personnel Policies			
Planning			
Pricing			
Sales			
Taxes			
Other:			
Other:			

Describe your credit history (also indicate the credit history of any partners):

- Excellent**
- Good, past issues have been corrected.**
- Fair, I need to take care of some issues.**
- Poor**
- Don't Know**

Have you obtained and reviewed your credit report recently? ___ No ___ Yes
If no, please order a credit report from one of the three national credit bureaus listed.
<http://www.experian.com> (888-397-3742); <http://www.transunion.com> (800-888-4213);
<http://www.equifax.com> (800-685-1111)

Have you had a bankruptcy in the past 5 years? ___ No ___ Yes If yes why?

Have you been to or are any other organizations or resources currently assisting you?
___ No ___ Yes If yes, please list the other organizations or resources.

Will you need financing to start your business? ___ No ___ Yes
If yes, please complete the enclosed Summary of Money needs form to the best of your ability and provide a copy of your credit report. Please note, most lenders will require you contribute approximately 25-30% cash