



APPLICATION



A QUICK NOTE

Welcome to EntreLAUNCH...the Boone Area Chamber of Commerce small business resource program! We assist entrepreneurs from idea, to start-up, to expansion. This application is designed to account for all stages of business, so not all information requested will be relevant to your situation. Just fill in the categories most pertinent to your stage of business development and let's get this thing off the ground!

- *EntreLAUNCH Advisory Committee*

CONTACT INFORMATION

| | |
|----------------------------------|--|
| Name of Applicant | |
| Address | |
| Phone | |
| Email | |
| How did you hear of EntreLAUNCH? | |

COMPANY INFORMATION

| | |
|-------------------------|--|
| Company Name (legal) | |
| Doing Business As (dba) | |
| Brand / Trade Name | |
| Subsidiary companies | |
| Legal Form of Business | |
| State Incorporated | |
| County licensed | |

LIST ANY OWNERS OR PARTNERS

| Owner/partner | Home Address | Phone | % owned |
|---------------|--------------|-------|---------|
| | | | |
| | | | |
| | | | |

IF EXPANDING, LIST ANY KEY MANAGEMENT OR LEADERSHIP

| | |
|-----------------------------|--|
| Chairman/woman of the Board | |
| President | |
| CEO | |
| Other key managers | |
| Governing/Advisory Bodies | |
| Other | |

IF EXPANDING, TELL US A LITTLE BIT MORE ABOUT YOUR COMPANY

| | |
|-------------------------------------|--|
| Year the company was founded | |
| Incorporation date | |
| Year product/service was introduced | |
| Stage of formation/plans | |
| Progress of current plan | |
| Milestones/successes | |
| Other developmental indicators | |

WILL YOU NEED ANY ADDITIONAL FUNDING OR CAPITAL?

| | |
|---------------------------|--|
| Last year's total sales | |
| Last Year's total profit | |
| Amount of funds sought | |
| Basic use of funds sought | |

DESCRIBE YOUR PRODUCT OR SERVICE:

| | |
|-----------------------------------|--|
| Description of product or service | |
| Number and type of prod./services | |
| Number of products in each line | |

DO YOU OWN ANY PATENTS AND LICENSES?

| | |
|----------------------------|--|
| Patents held or pending | |
| Trademarks held or pending | |
| Licenses held or pending | |

WILL YOU NEED ANY OFFICE, WAREHOUSE OR PRODUCTION SPACE?

| | |
|---|--|
| State your intended use of space | |
| How much space is needed? | |
| <ul style="list-style-type: none">• Office space | |
| <ul style="list-style-type: none">• Manufacturing space | |
| <ul style="list-style-type: none">• Warehouse space | |
| <ul style="list-style-type: none">• Target move-in date | |

WILL YOU NEED ANY EQUIPMENT?

| | |
|--|--|
| Type of Office equipment needed | |
| <ul style="list-style-type: none">• Fax | |
| <ul style="list-style-type: none">• Computer terminal | |
| <ul style="list-style-type: none">• Internet connection/wifi | |
| <ul style="list-style-type: none">• Administrative support | |
| <ul style="list-style-type: none">• Meeting room | |
| <ul style="list-style-type: none">• AV equipment | |
| <ul style="list-style-type: none">• Other | |

HOW ABOUT JOB CREATION? DO YOU SEE A NEED FOR SKILLED WORKFORCE SOON?

| | |
|---|--|
| # of employees at start-up | |
| # of employees currently | |
| Employee growth projection: | |
| <ul style="list-style-type: none">• One year | |
| <ul style="list-style-type: none">• Three years | |
| <ul style="list-style-type: none">• Five years | |
| <ul style="list-style-type: none">• Skills needed | |

PLEASE PROVIDE A SHORT SYNOPSIS OF WHY YOU ARE STARTING OR EXPANDING THIS BUSINESS AND WHY YOU THINK YOU WILL BE SUCCESSFUL:

HOW WILL YOUR BUSINESS BE FINANCED THE FIRST 6 MOS., 12 MOS., 3 YEARS OF OPERATION?

| | |
|----------------------------------|--|
| Personal funds | |
| Family funds | |
| Acquaintances/business partners | |
| Other | |
| Bank Loans | |
| TOTAL OF START-UP CAPITAL | |

BUSINESS PLAN ENCLOSED?

*I acknowledge the information provided in this application is accurate. I also understand my information will only be shared with the members of the EntreLAUNCH Advisory Committee.

Signature _____

Date _____

APPLICATIONS SHOULD BE SUBMITTED TO:

EntreLAUNCH
Boone Area Chamber of Commerce
903 Story Street
Boone, IA 50036