

Client Intake Form

Date of Intake	
Intake Staff	
How did you hear about us?	

Contact and Demographic Information

Prefix	
Contact Name	
Home Street Address	
Home City State ZIP Code	
Home Phone	
Mobile Phone	
E-Mail Address	
Date of Birth	

The Enterprise Center is an Equal Opportunity service provider, and as such provides business acceleration services without regard to race, color, religion, sex, sexual orientation, marital status, age, disability, or national origin.

Please check all that apply:

Gender	Race/Ethnicity	Household Income Level	Household Size
<input type="checkbox"/> Male	<input type="checkbox"/> African American/Black	<input type="checkbox"/> <\$10,000	<input type="checkbox"/> 1
<input type="checkbox"/> Female	<input type="checkbox"/> Asian	<input type="checkbox"/> \$10,000-\$20,000	<input type="checkbox"/> 2
	<input type="checkbox"/> Caucasian/White	<input type="checkbox"/> \$20,000-\$30,000	<input type="checkbox"/> 3
	<input type="checkbox"/> Latino/a	<input type="checkbox"/> \$30,000-\$50,000	<input type="checkbox"/> 4
	<input type="checkbox"/> Middle Eastern	<input type="checkbox"/> >\$50,000	<input type="checkbox"/> 5 or more
	<input type="checkbox"/> Native American		
	<input type="checkbox"/> Other _____		

Business Contact Information

Business Name	
Business Street Address	
Business City State ZIP Code	
Business Phone	
Mobile Phone	
Business E-Mail Address	
CEO (if different from contact person)	

Client Intake Form

Business Description

How would you describe your venture (circle one)?

Pre-venture

Startup

Existing

Mature

What type of business are you engaged in or interested in starting (circle one)?

Retail

Food/Service

Wholesale

Manufacturing

Construction

Other

Please describe the type of business and your product/service:

Please describe the audience (target client/customer/market) for your business's product/service:

Business Registration Information

Business Type

Sole proprietorship

Joint Venture

General Partnership

C-Corporation

Limited Partnership (LLP)

S-Corporation

Limited Liability Corporation (LLC)

B-Corporation

Other _____

Date Established	
State of Incorporation	
State Tax ID Number	
Federal Tax ID Number	
Municipality of Business License	
Business License Number	

Client Intake Form

2. What is your NAICS Code? _____

3. Current Annual Revenues

- 0-\$75,000 \$251,000-\$500,000
 \$76,000-\$250,000 >\$500,000

4. Anticipated Annual Revenues

- 0-\$75,000 \$251,000-\$500,000
 \$76,000-\$250,000 >\$500,000

5. Employee Data

Please fill in the following chart with information about the number of employees in your business. This data should include the business owner.

For example, if a business has 1 owner and 1 staff person, the number of employees = 2

Current Number of Full-time Employees	
Current Number of Part-time Employees	
Anticipated Number of Full-time Employees	
Anticipated Number of Part-time Employees	
Types of Jobs Available in Business	

6. Employee Income Levels

- <\$10,000
 \$10,000-\$20,000
 \$20,000-\$30,000
 \$30,000-\$50,000
 >\$50,000

Retail Businesses Only:
Where do most of your customers live (circle one)?
 Same Neighborhood / Different Neighborhood / Both

Do you own the building where your business is located (circle one)? Rent / Own

Do you own the fixtures in your business (circle one)? Rent / Own

7. How can we help you?

Signature: _____

Date: _____

