



CITY OF SONORA

MICROENTERPRISE ASSISTANCE PROGRAM APPLICATION

APPLICANT/CO-APPLICANT INFORMATION

| | | |
|--|----------|---|
| Applicant's Name: | | Date: |
| Current Mailing Address: | | |
| City: | State: | ZIP Code: |
| Phone: | Cell: | Fax: |
| Email: | Website: | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| How did you hear about our program? <input type="checkbox"/> News Media <input type="checkbox"/> Flyer <input type="checkbox"/> Friend <input type="checkbox"/> Other <input type="checkbox"/> Other Agency | | |
| Co-Applicant's Name: | | |
| Current Mailing Address: | | |
| City: | State: | ZIP Code: |
| Phone: | Cell: | |
| Email: | Website: | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| How did you hear about our program? <input type="checkbox"/> News Media <input type="checkbox"/> Flyer <input type="checkbox"/> Friend <input type="checkbox"/> Other <input type="checkbox"/> Other Agency | | |
| Last Grade Completed: <input type="checkbox"/> 8 th Grade <input type="checkbox"/> 12 th Grade <input type="checkbox"/> GED <input type="checkbox"/> Some College <input type="checkbox"/> Bachelor's <input type="checkbox"/> Masters | | |

BUSINESS INFORMATION

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|---|
| Business Name: |
| Existing Business Address: |
| New Business (proposed) Location: |
| Are you currently in business? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how long? _____ Years _____ Months |
| If no, when do you expect to start? / / |
| Current number (or planned number) of full-time or part-time employees including yourself _____ |
| Is your business currently located inside the City Limits? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, do you plan to locate inside the City Limits? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is this a home based business? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Type of Ownership: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other _____ |
| Type of Business: <input type="checkbox"/> Retail <input type="checkbox"/> Commercial <input type="checkbox"/> Service <input type="checkbox"/> Restaurant <input type="checkbox"/> Industrial <input type="checkbox"/> Manufacturing <input type="checkbox"/> Other _____ |
| If this is a new business idea, please describe: _____ _____ |

ASSISTANCE REQUESTED

Please check the items below that you would like help with:

Developing a Business Plan
 Evaluating a Business Idea
 Technical Assistance for a current business
 Setting up a Business
 Financial Management Tools
 Financing
 Other

TRAINING AREAS OF INTEREST

Please check all training areas of interest:

Operations & General Management
 Customer Service
 Competitive Advantage
 Marketing
 Merchandizing
 Purchasing/Sales
 Internet & New Technologies
 Website Design/Ongoing Maintenance
 Cash flow/Basic Business Records
 Quick Books
 Access to Capital
 Legal Issues
 Human Resources/Personnel
 Real Estate/Leasing
 Taxes
 Strategic Planning
 Business Plan
 Food Industry
 Other _____