

Business Needs Intake Form

We want to help you evaluate your current business stage and propose a course of action to make your business vision a reality.

**PERSONAL INFORMATION**

**Your Name**

**Address**

**City, State, Zip Code**

**Phone Number Cell Phone Number**

**Email Address**

**BUSINESS INFORMATION**

**Company Name**

**Web Site**

**Other Social Media Addresses (Facebook, Twitter, Linkedin, etc)**

**Business Start Date**

**CONCEPT**

**Type of Business, Product, Service**

**Business Description**

**What does your product do, if applicable?**

**How does it benefit your consumers?**

**Who is your target market? Who do you want to sell to?**

**COMPETITION**

**List some of your competitors.**

**How is your product different from your competitors?**

**What are the advantages of your competitor’s product?**

**Is there potential growth in your market?**

**OTHER**

**What concerns are you having right now with your business? What would you like our discussion to focus on?**

**ASSISTANCE REQUESTED**

**Are you planning to finance the business?**

**Financial**

* **Bookkeeping**
* **Financial Reports**
* **Maintaining a Bank Account**
* **Funding/Loans**

**Marketing**

* **Brochures**
* **Customer Needs Assessment**
* **Logo Development**
* **Media Advertising**
* **Networking Opportunities**
* **Promotional Material**
* **Website Development**
* **Tradeshow Exposure**

**Legal**

* **Business Permits**
* **Employee Hiring / Training**
* **Patents / Trademarks**