

**Start Up Information**

**Check this box, if you are not yet a business and to certify that you are interested in starting a business in one of the eligible affected parishes. Also check one of the options below:**

Start Up Business (Not all questions will apply to you at this time)  In process of becoming a business - steps have been taken for the prospective business, such as lease agreements, filed for articles of incorporation or organization, etc.  Prospective business in a planning, preparation, or development stage.

**General Business Information**

Name of Business: \_\_\_\_\_

Client Name: \_\_\_\_\_  
First Name Last Name Job Title

Business Address, if start up client ad: \_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State ZIP Code

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Federal Tax ID: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Location: Parish of Business or Interest \_\_\_\_\_

Year Business Established: \_\_\_\_\_ Products and Services: \_\_\_\_\_

**Industry Sector: Check the sector that best applies to your business**

<input type="checkbox"/> Financial Services	<input type="checkbox"/> Administrative and Support Services	<input type="checkbox"/> Services and Drinking Places	<input type="checkbox"/> Oil and Gas Extraction	<input type="checkbox"/> Transportation and Warehousing
<input type="checkbox"/> Educational Services	<input type="checkbox"/> Farming / Agriculture	<input type="checkbox"/> Accommodations	<input type="checkbox"/> Leisure and Hospitality	<input type="checkbox"/> Management of Companies and Enterprises
<input type="checkbox"/> Arts/Culture	<input type="checkbox"/> Professional and Technical Services	<input type="checkbox"/> Real Estate / Rental / Leasing	<input type="checkbox"/> Support Activities for Mining	<input type="checkbox"/> Waste Management and Remediation Services
<input type="checkbox"/> Health Care	<input type="checkbox"/> Forestry / Logging	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Information	<input type="checkbox"/> Wholesale Trade
<input type="checkbox"/> Fishing	<input type="checkbox"/> Utilities	<input type="checkbox"/> Retail Trade	<input type="checkbox"/> Construction	<input type="checkbox"/> Other Services

**Employee and Revenue Information**

<b>Directions:</b> Please provide the annual business gross revenue data for the last three consecutive years (if applicable), starting with the most recent annual statement followed by the immediately two preceding year-ends. If in operation for less than a year, estimate the year's gross revenue based upon revenue to date or known contracts in process.	<b>Annual Gross Revenue:</b>	
	Year	Revenue
	2006	\$
	2005	\$
	2004	\$
<b>Total Number of Current Employees:</b>	<b>Woman/Minority Owned Business:</b>	
	Is this a 51% or more woman-owned Business?	Yes No
	Is this a 51% or more minority-owned Business?	Yes No

**General Business Intake Form**

**Attestation:** I hereby attest that all of the above information is complete and accurate to the best of my knowledge. I understand that individuals and/or businesses found to be providing fraudulent information may be prosecuted.

**Client Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

For an open Workshop/Seminar: Intermediary (IM) event registrar counter-sign for identity verification:

**IM Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_