

LSCS SBDC CONSULTANT INTAKE FORM

**Existing Business?**      Year started \_\_\_\_\_      Type of Business \_\_\_\_\_  
**(Attach business plan and up to 3 years of financials)**

**New Business Start-up?**

- 1)      What is your business concept? (please limit response to 2 – 3 sentences)
  
- 2)      What is your experience and/or education in this line of business?
  
- 3)      Who is your ideal customer?
  
- 4)      Who is your competition?
  
- 5)      How much money will you need and how do you plan to fund it?
  
- 6)      Why do you want to start a business? What is your objective?
  
- 7)      Where will your business be located? Do you plan to own or rent?
  
- 8)      How much time are you able to commit to your business?
  
- 9)      Are you planning on doing this on your own or with others? If so, who?
  
- 10)     When do you plan to open your business?
  
- 11)     Previous business ownership experience?       Yes     No  
# of years business ownership experience      \_\_\_\_\_
  
- 12)     Experience in same business as wanting to start?  Yes     No