

# Six-Week Business Start-Up class Application

*This information will help the instructors and guest speakers know how best to address your concerns.*

Your name \_\_\_\_\_

Name of your Business \_\_\_\_\_

Phone (s) \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

Please describe your proposed or existing business.

Why do you want to participate in the Six-Week Business Start-Up class? What do you hope to learn?

How did you learn about the opportunity?

What type of business is this (artist/crafter, manufacturer, distributor, wholesaler, retailer, service)?

Who will make or supply your product or service (e.g., yourself, employees, subcontractors)?

Who are the intended customers (who will pay for the product/service)?

What are the customer benefits (not features, but what value will you provide to your customers)?

How do you intend to get your products to your customers (e.g. retail store(s), website, craft shows, mobile stand, sales representative, distributors)?

OR

How will your customers know about your services (word of mouth, radio, TV, newspaper, etc.)?

Describe the (current or proposed) location of your business? (in home, in rented space which is not your home, in owned space which is not your home, etc.)

How important do you want this business to be to you/your family's income (primary support, half of family support, just incidental money)?

