



**Initial Assessment for Start-up Businesses**

**Name(s):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Type of Business:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Business Name: (If finalized)** \_\_\_\_\_

**Day Time Phone Number:** \_\_\_\_\_ **Evening Phone Number:** \_\_\_\_\_

In order to make your upcoming counseling session more effective, please answer all of the following questions, to the best of your ability. There are **no** right or wrong answers.

**Note: All information provided to the KSBDC is confidential.**

**How will owning and operating a business help you achieve your personal goals?**

  
  
  
  

**Describe your business idea in 25 words or less (please print or type):**

  
  
  
  

**Have you determined if there is a market (customer need and base) for your idea?    No    Yes**

**List all products or services you plan to offer your customers.**

  
  
  
  

**List any items (equipment, inventory, building, land, etc.) you own that may be used in your business.**

  
  
  
  

**What legal form of business organization do you intend to utilize?**

_____ Sole Proprietorship	_____ Limited Liability Company
_____ Partnership	_____ Limited Liability Partnership
_____ Corporation	_____ Unknown
_____ Subchapter S Corporation	

**Why are you selecting this legal form of business organization?**

**When do you plan to open your business?**

**Describe any experience you or other members of your management team have in operating a business or the specific industry in which you will function:**

**Place a check mark in the blank which best describes you and key partners or managers in your company.**

	<b>Adequate Knowledge</b>	<b>Counseling Needed</b>	<b>Training Needed</b>
<b>Accounting and Bookkeeping</b>			
<b>Computer Experience</b>			
<b>Financial Management</b>			
<b>Marketing and Promotion</b>			
<b>Operations</b>			
<b>People Management</b>			
<b>Personnel Policies</b>			
<b>Planning</b>			
<b>Pricing</b>			
<b>Sales</b>			
<b>Taxes</b>			
<b>Other:</b>			
<b>Other:</b>			

**Describe your credit history (also indicate the credit history of any partners):**

- Excellent**  
 **Good, past issues have been corrected.**  
 **Fair, I need to take care of some issues.**  
 **Poor**  
 **Don't Know**

**Have you obtained and reviewed your credit report recently? \_\_\_ No \_\_\_ Yes**  
**If no, please order a credit report from one of the three national credit bureaus listed.**  
<http://www.experian.com> (888-397-3742); <http://www.transunion.com> (800-888-4213);  
<http://www.equifax.com> (800-685-1111)

**Have you had a bankruptcy in the past 5 years? \_\_\_ No \_\_\_ Yes If yes why?**

**Have you been to or are any other organizations or resources currently assisting you?**  
**\_\_\_ No \_\_\_ Yes If yes, please list the other organizations or resources.**

**Will you need financing to start your business? \_\_\_ No \_\_\_ Yes**  
**If yes, please complete the enclosed Summary of Money needs form to the best of your ability and provide a copy of your credit report. Please note, most lenders will require you contribute approximately 25-30% cash**