



REQUEST FOR SERVICE

Name (first, middle initial & last) _____ Phone: _____ (daytime)

Mailing Address (include street, city & zip) _____

Email Address: _____

WHAT SERVICES WOULD YOU LIKE TO ACCESS?

I need assistance identifying and developing a business idea

I need assistance with a business plan or financing application

I need assistance with my existing business, (bookkeeping, financial statement analysis, marketing, management, etc.)

I need assistance with a special project (specify): _____

Briefly describe your business project. _____

Do you have a written business plan (circle one) No Yes

Have you sought assistance from another source (circle one) No Yes

If yes, please explain: _____

PLEASE TELL US MORE ABOUT YOURSELF:

Education <input type="checkbox"/> Some High School <input type="checkbox"/> HS graduate or have GED <input type="checkbox"/> Vocational/technical school certificate <input type="checkbox"/> BS/BA degree <input type="checkbox"/> Graduate Work <input type="checkbox"/> Have graduate degree <input type="checkbox"/> Other: _____		Age <input type="checkbox"/> Under 20 <input type="checkbox"/> 20-29 <input type="checkbox"/> 30-39 <input type="checkbox"/> 40-49 <input type="checkbox"/> 50-59 <input type="checkbox"/> 60 and over		Ethnic Background (Check all that apply) <input type="checkbox"/> White, not Hispanic <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> African American <input type="checkbox"/> Latino or Puerto Rican <input type="checkbox"/> Other: _____		Veteran Status <input type="checkbox"/> Non-veteran <input type="checkbox"/> Veteran <input type="checkbox"/> Vietnam Vet <input type="checkbox"/> Desert Shield/Storm <input type="checkbox"/> Iraq War/Recovery	
How did you hear about us? <input type="checkbox"/> Internet <input type="checkbox"/> Bank <input type="checkbox"/> Chamber of Commerce <input type="checkbox"/> TV/Radio/Newspaper (specify) _____ <input type="checkbox"/> SBA <input type="checkbox"/> Client/Word of Mouth (who) _____ <input type="checkbox"/> I was referred to you by: _____							
Gender <input type="checkbox"/> Female <input type="checkbox"/> Male		Status <input type="checkbox"/> Married <input type="checkbox"/> Single		Employment Status <input type="checkbox"/> Employed <input type="checkbox"/> Years <input type="checkbox"/> Full Time <input type="checkbox"/> Part-time <input type="checkbox"/> Unemployed <input type="checkbox"/> Combination employment/own business		Household Income <input type="checkbox"/> \$10,000 or less <input type="checkbox"/> \$10,001-\$20,000 <input type="checkbox"/> \$20,001-\$30,000 <input type="checkbox"/> \$30,001-\$40,000 <input type="checkbox"/> \$40,001-\$50,000 <input type="checkbox"/> \$50,001-\$60,000 <input type="checkbox"/> \$60,001 or more	

(continued on back)



REQUEST FOR SERVICE

If you have a business now, (have already made sales), please complete the following:

Business Name _____	Business Phone _____
Business Street Address _____	City, Zip _____
Business Fax _____	Business Email _____
Web Address _____	County _____
Federal ID# _____	
Form of Legal Organization (circle one)	
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership
<input type="checkbox"/> C-Corp	<input type="checkbox"/> S-Corp
<input type="checkbox"/> LLC	<input type="checkbox"/> LLP
_____ Years	_____ Months in business
Primary Product or Service	

Do you have a partner or co-owner in the business?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Does your business currently have employees?	<input type="checkbox"/> No <input type="checkbox"/> Yes
If yes, _____ # of full-time (2080 hours/year)	_____ # of part-time (less than 32 hours/week)

Please check the box and initial each of the following statements:

- I request business development services from Leech Lake Financial Services. I agree to cooperate should I be selected to participate in surveys designed to evaluate assistance services. I understand that any information disclosed will be held in strict confidence and reported internally in a general manner.
- I understand that Leech Lake Financial Services staff and/or consultant will outline an individualized business development plan after review of my application and completion of the pre-counseling assessment.
- Further I understand that completing all steps of the program does not necessarily insure my business success. Decisions made concerning business activities and the results of those decisions are my sole responsibility. As a recipient of services provided through Leech Lake Financial Services, I fully understand that Leech Lake Financial Services assumes no liability regarding the success of any business venture activities I may develop and/or implement.
- Inconsideration of statements made above, I agree not to commence any legal action against Leech Lake Financial Services relative to services provided and fully release Leech Lake Financial Services from any and all liability regarding said services.

Printed Name _____

Signed _____ **Date** _____

Sign and return to Leech Lake Financial Services

Leech Lake Financial Services is a nonprofit agency. We receive funding from Federal, State, private foundations and individual contributors.