



**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:**

<b>Education</b> ___ Some High School ___ HS graduate or have GED ___ Vocational/technical school certificate ___ BS/BA degree ___ Graduate Work ___ Have graduate degree ___ Other: _____		<b>Age</b> ___ Under 20 ___ 20-29 ___ 30-39 ___ 40-49 ___ 50-59 ___ 60 and over		<b>Ethnic Background</b> (Check all that apply) ___ White, not Hispanic ___ American Indian or Alaskan Native ___ African American ___ Latino or Puerto Rican ___ Other: _____		<b>Veteran Status</b> ___ Non-veteran ___ Veteran ___ Vietnam Vet ___ Desert Shield/Storm ___ Iraq War/Recovery	
<b>How did you hear about us?</b> ___ Internet    ___ Bank    ___ Chamber of Commerce    ___ TV/Radio/Newspaper (specify) _____ ___ SBA    ___ Client/Word of Mouth (who) _____ ___ I was referred to you by: _____							
<b>Gender</b> ___ Female ___ Male		<b>Status</b> ___ Married ___ Single		<b>Employment Status</b> ___ Employed    ___ Years ___ Full Time    ___ Part-time ___ Unemployed ___ Combination employment/own business		<b>Household Income</b> ___ \$10,000 or less    ___ \$10,001-\$20,000 ___ \$20,001-\$30,000    ___ \$30,001-\$40,000 ___ \$40,001-\$50,000    ___ \$50,001-\$60,000 ___ \$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)	
____ Sole Proprietor    ____ Partnership    ____ C-Corp    ____ S-Corp    ____ LLC    ____ LLP	
____ Years    ____ Months in business	
Primary Product or Service _____	
Do you have a partner or co-owner in the business?    ____ No    ____ Yes	
Does your business currently have employees?    ____ No    ____ 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.*