



## EDGE BUSINESS ACCELERATOR PROGRAM

### APPLICATION FOR ADMISSION

#### Part 1- Owner & Company Information

Business Owner(s): \_\_\_\_\_

Business Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
City / State / Zip

Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Web Address: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

EIN or Registration #: \_\_\_\_\_ Owner(s) Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Status of Business Date Business Started: \_\_\_\_/\_\_\_\_/\_\_\_\_

- One year
- More than one - less than three
- Three to five years
- Five + years

How did you hear about Entrepreneur's EDGE?

\_\_\_\_\_  
\_\_\_\_\_

#### Part 2- Statistical Information

% Business Ownership:  Female \_\_\_\_\_  Male \_\_\_\_\_

Minority Owned?  Yes  No - Home Based?  Yes  No - On-Line?  Yes  No

Number of Current Employees: \_\_\_\_\_ Full Time (Include Owners)  
\_\_\_\_\_ Part Time  
\_\_\_\_\_ Total Employment

Number of Projected (Future) Employees:

	Next Yr	2 yrs	3 yrs
Full Time (Include Owners)	_____	_____	_____
Part Time	_____	_____	_____
Total Employment	_____	_____	_____

**Part 3- Intermediary Relationships**

Commercial Bank: \_\_\_\_\_ Phone # \_\_\_\_\_

Legal Representation: \_\_\_\_\_ Phone # \_\_\_\_\_

Accountant: \_\_\_\_\_ Phone # \_\_\_\_\_

Insurance Provider: \_\_\_\_\_ Phone # \_\_\_\_\_

**Part 4- Ownership Information (If more than 2, attach information to application)**

**Owner's Name #1:** \_\_\_\_\_ **Title:** \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ % of Ownership: \_\_\_\_\_

Email Address \_\_\_\_\_

**Owner's Name #2:** \_\_\_\_\_ **Title:** \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ % of Ownership: \_\_\_\_\_

Email Address \_\_\_\_\_

**Part 5- Product / Service Information**

Type of Business: \_\_\_\_\_

Describe your products / services and attach any product / service literature:

\_\_\_\_\_  
\_\_\_\_\_

Is the entity or any of its owners a patent holder? Yes \_\_\_ No \_\_\_

If yes... please describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Part 6- Marketing Information**

1. Describe the characteristics of your “ideal” customers?  
\_\_\_\_\_  
\_\_\_\_\_
2. Where are your “ideal” customers geographically located?  
\_\_\_\_\_
3. Who are your 3 main competitors? Please list a strength and weakness of each.  
a) \_\_\_\_\_ b)  
\_\_\_\_\_  
c) \_\_\_\_\_
4. What is the need for your business (product/service)?  
\_\_\_\_\_
5. How are your potential customers currently meeting this need?  
\_\_\_\_\_

**Part 7- Finance Information**

1. What is the minimum amount you need to take home per month from your business in order to live?  
\_\_\_\_\_
2. How will you meet personal expenses if your business income ceases?  
\_\_\_\_\_
3. Approximately what dollar amount of your business start-up and expansion funding came from the following areas:  
Personal funds      \$ \_\_\_\_\_      Borrowed from bank      \$ \_\_\_\_\_  
Private investors      \$ \_\_\_\_\_      Borrowed from family \$ \_\_\_\_\_

4. Historical cash flow and cash flow projections:

	Previous Fiscal Yr	Current YTD	Next Year
Income			
Cost of Goods			
Expenses			
Net Profit			

5. Financial Records Systems:  
QuickBooks  Other Software  Hand Ledger  No System

**Part 8 – Management Inventory**

Please rank your current knowledge from 1 to 5 (5 being the highest) in the following business management areas:

	1	2	3	4	5
Planning & Control					
Professional Development					
Financial Analysis					
Marketing & Advertising					
Human Resources					
Access to Capital					

*(NOTE: We are seeking self-identified areas of concern and strength – your answers will NOT impact your eligibility.)*