



Personal and Business Information

Name: _____ Title: _____
Last First M.I.

Company Name: _____
Legal Business Name D.B.A.

Street Address _____

City _____ State _____ ZIP Code _____

Preferred Phone #: _____ Email: _____

Gender: _____ Website: _____

Ownership

What percentage of business do you own? _____
Year business was founded: _____
Year you acquired ownership in business? _____
Names of other business owners: _____

Employees

Number of Full Time Employees? _____
Number of Part Time Employees? _____
Number of Temporary/Contractors? _____

Revenues

2017 \$ _____
2018 \$ _____
2019 (to date) \$ _____
2019 (projected) \$ _____



Background Information

How did you hear about Growth Solutions Team?

Briefly describe your business services and offerings:

Briefly discuss why you are interested in the Growth Solutions Team Small Business Advisory and what you expect to get out of it. How will it enable you to grow your business?

What are your professional goals for the next 5 years?

How and under what circumstances do you adopt change?

Disclaimer & Signatures

I certify that my answers are true and complete to the best of my knowledge.

Signature: _____ Date: _____