



BDT Date (m/yy)	Intake Date	Staff Name
OTTO Entry (Name)	OTTO Entry (Date)	

Ventures Advanced Services Application

Criteria for Entering Advanced Services:

To qualify for any of these services, you must meet the minimum requirements for participation:

- Graduate of Ventures Business Development Training Course
- Ventures Feasibility Completed (be ready to share)
- Consistent use of a personal or business email account (checking at least once/day)
- English Proficiency

In addition **ALL applicants** will be evaluated on the following abilities/qualities:

- ✓ Readiness to move your business forward—starting today!
- ✓ Ready to start making sales within the next 90 days (if you're not already making sales)
- ✓ Ability to work effectively in a collaborative environment
- ✓ Willingness to share your ideas with peers, mentors and Ventures Staff

CURRENT CONTACT INFORMATION

First Name

Last Name

Email

Phone

Address

This is my: *Personal Contact Info* *Business Contact Info*

How often do you check your email?

INVOLVEMENT WITH VENTURES

Have you participated in any other parts of our programming before?

Yes No

MONTH _____ YEAR _____

BUSINESS STATUS INFORMATION

What is your business name?

What is your business website?

Please select the most appropriate category for your business:

- Non-Food Service (such as a landscaper)
- Non-Food Product (such as soap)
- Non-Food Service and Product Combo (such as yoga teacher and yoga bag line)
- Food Service (such as a caterer)
- Food Product (such as bottled hot sauce)
- Food Service and Product Combo (such as a personal chef with a gourmet mustard line)

Is this business a partnership? Yes No If yes, partner's name: _____

Do you have a completed feasibility plan or business plan for this business? Yes Not yet
If yes, please be prepared to share this in your interview.

Has your business made any sales? Yes Not yet

If not yet, when do you expect you will start making sales? _____

If yes, what are your gross sales (before expenses) in an average month? \$ _____

When did you make your first sale? MONTH _____ YEAR _____

Fill out this chart if you have made any sales within the last 12 months:

	Average month	Past 12 months
Sales		
Expenses		
Profit (Sales minus Expenses)		

Do you have an active Washington State Business License? Yes Not yet

If yes, when did you get it? MONTH _____ YEAR _____

Do you work at your business full-time (30 hrs/week or more)? Yes Not yet

Do you spend some of your business income on personal expenses such as food or rent? Yes Not yet

If yes, how much of your business income do you spend on personal expenses in an average month? \$ _____

Do you have a job(s) outside of your business where you work as an employee?

If yes, how much did you make last month? \$ _____

Not including yourself, how many paid employees or staff do you have right now helping you with your business?

____# Full-time employees ____# Part-time employees ____# Contract/Seasonal staff None

Ventures Business Progress Inventory

Please complete the following Business Inventory Self-Assessment. This Assessment will serve as a snapshot of where you are at in your business and also facilitate a goal setting process in your participation in Ventures programs.

Marketing / Sales

1. What kinds of market research have you done?

2. Who are your ideal customers?

3. Who are your main competitors?

4. How would you describe your brand?

5. Have you completed a marketing plan? **Yes** **No**

6. What are the main ways you will promote your business? -----

7. What are the selling prices for your products/services? -----

8. Do you have marketing materials set up:

Business cards **Yes** **No**

Flyers, brochures, post cards, ads, etc **Yes** **No**

Good elevator speech, practiced with other people **Yes** **No**

Brand, logo or tag line **Yes** **No**

Website or web presence **Yes** **No**

9. Do you have social media set up:

Facebook **Yes** **No**

LinkedIn **Yes** **No**

Twitter **Yes** **No**

10. Are you using a system to track customers and potential customers? **Yes** **No**

If yes, what system are you using? -----

11. Do you have a sales script for what you will say to potential customers? **Yes** **No**

Financials

- | | | | |
|--|-----|----|-------------------|
| 1. Have you developed a personal budget? | Yes | No | |
| 2. Do you have an emergency savings account? | Yes | No | |
| 3. Do you know your credit score? | Yes | No | |
| 4. Do you want to improve your credit score? | Yes | No | |
| 5. What is the number of sales units you must sell each month to break even? _____ | | | Don't Know |
| 6. Have you developed a business 12 month profit and loss projection? | Yes | No | |
| 7. At the end of each month, do you prepare a profit & loss statement, and compare it with the prior month and prior year? | Yes | No | |
| 8. Have you developed a business 12 month cash flow statement? | Yes | No | |
| 9. Do you keep track of sales in your business? | Yes | No | |
| 10. What system are you using for your bookkeeping?/How do you keep track of sales? _____
_____ | | | |
| 11. Do you have an invoicing system? | Yes | No | |
| 12. Have you researched how you will handle taxes? | | | |
| Will you file on your own? | Yes | No | DK |
| Will you need a bookkeeper? | Yes | No | DK |
| Are you prepared to file federal, State and local taxes? | Yes | No | DK |
| Do you have a separate savings account set up for taxes? | Yes | No | DK |
| 13. Do you have the money you need to start your own business? | Yes | No | DK |
| If no, How much do you need? _____ | | | Don't Know |
| 14. How are you financing your business? | | | |
| a. Friends and family | Yes | No | |
| b. Second Income source | Yes | No | |
| c. Savings | Yes | No | |
| d. Bank Loan | Yes | No | |
| 15. Are you Intersted in learning about Ventures Loans? | Yes | No | |

Operations

- | | | | |
|--|-----|----|----|
| 1. Have you obtained all required licenses for your business? | Yes | No | |
| 2. Have you opened up a business checking account? | Yes | No | |
| 3. Do you have a time management system? | Yes | No | |
| 4. Have you obtained appropriate business insurance or bonding? | Yes | No | |
| 5. Will you need to hire employees (or independent contractors)? | Yes | No | DK |

- | | | |
|---|------------|-----------|
| 6. Do you know the rules for hiring different types of employees? | Yes | No |
| 7. If you have have employees, have you set up the appropriate payroll systems for: | | |
| Labor & Industries? | Yes | No |
| State unemployment? | Yes | No |
| Social Security and Medicare? | Yes | No |
| Federal withholding? | Yes | No |
| Federal unemployment? | Yes | No |
| 8. What is your business legal structure?(Sole prop, LLC, S-Corp, etc.) _____ | | |

9. What are your top three priorities in your business right now?

1. _____
2. _____
3. _____

10. What are your goals for the next 3-6 months?

11. What programs and services can Ventures provide you to support you best? Where do you need the most support in growing your business and moving your business forward?
