



# CITY OF SONORA

## MICROENTERPRISE ASSISTANCE PROGRAM APPLICATION (SECTION II - For Technical Assistance Provider)

### APPLICANT/CO-APPLICANT INFORMATION

Applicant's Name:		Date:
Address of Primary Residence:		
City:	State:	ZIP Code:
Phone: (    )	Cell: (    )	Fax: (    )
Current Mailing Address:		
Email:	Website:	<input type="checkbox"/> Male <input type="checkbox"/> Female
How did you hear about our program? <input type="checkbox"/> News Media <input type="checkbox"/> Flyer <input type="checkbox"/> Friend <input type="checkbox"/> Other <input type="checkbox"/> Other Agency		
Co-Applicant's Name:		
Address of Primary Residence:		
City:	State:	ZIP Code:
Phone: (    )	Cell: (    )	
Current Mailing Address:		
Email:	Website:	<input type="checkbox"/> Male <input type="checkbox"/> Female
How did you hear about our program? <input type="checkbox"/> News Media <input type="checkbox"/> Flyer <input type="checkbox"/> Friend <input type="checkbox"/> Other <input type="checkbox"/> Other Agency		
Last Grade Completed: <input type="checkbox"/> 8 <sup>th</sup> Grade <input type="checkbox"/> 12 <sup>th</sup> Grade <input type="checkbox"/> GED <input type="checkbox"/> Some College <input type="checkbox"/> Bachelor's <input type="checkbox"/> Masters		

### BUSINESS INFORMATION

<input type="checkbox"/> Start-Up	<input type="checkbox"/> Existing Business	Is this a home based business? <input type="checkbox"/> Yes <input type="checkbox"/> No
Business Name:		
What is the physical address of the business:		
Business Phone: (    )		
Please briefly describe your business or proposed business idea:		
Current number (or planned number) of full-time or part-time employees including yourself: _____		
Type of Ownership: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other _____		
Type of Business: <input type="checkbox"/> Retail <input type="checkbox"/> Commercial <input type="checkbox"/> Service <input type="checkbox"/> Restaurant <input type="checkbox"/> Industrial <input type="checkbox"/> Manufacturing <input type="checkbox"/> Other _____		

### ASSISTANCE REQUESTED

**Please check the items below that you would like help with:**

<input type="checkbox"/> Developing a Business Plan	<input type="checkbox"/> Evaluating a Business Idea	<input type="checkbox"/> Technical Assistance for a current business
<input type="checkbox"/> Setting up a Business	<input type="checkbox"/> Financial Management Tools	<input type="checkbox"/> Financing
<input type="checkbox"/> Other		

### TRAINING AREAS OF INTEREST

**Please check all training areas of interest:**

<input type="checkbox"/> Operations & General Management	<input type="checkbox"/> Customer Service	<input type="checkbox"/> Competitive Advantage	<input type="checkbox"/> Marketing
<input type="checkbox"/> Merchandizing	<input type="checkbox"/> Purchasing/Sales	<input type="checkbox"/> Internet & New Technologies	<input type="checkbox"/> Website Design/Ongoing Maintenance
<input type="checkbox"/> Cash flow/Basic Business Records <input type="checkbox"/> Quick Books <input type="checkbox"/> Access to Capital			
<input type="checkbox"/> Legal Issues	<input type="checkbox"/> Human Resources/Personnel	<input type="checkbox"/> Real Estate/Leasing	<input type="checkbox"/> Taxes <input type="checkbox"/> Strategic Planning
<input type="checkbox"/> Business Plan <input type="checkbox"/> Food Industry <input type="checkbox"/> Other _____			