



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 th Grade <input type="checkbox"/> 12 th 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:

- Developing a Business Plan Evaluating a Business Idea Technical Assistance for a current business
 Setting up a Business Financial Management Tools Financing
 Other

TRAINING AREAS OF INTEREST

Please check all training areas of interest:

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