

Business Plan Form

Owner's Name: _____

Business Name (if available): _____

Start-Up Business

Existing Business

Current Number of Employees: Part time _____ Full time _____

1. Describe your Business and where it will be located:

2. What type of business are/will you operate?

Retail
 Service

Construction
 Restaurant/Food

Wholesale
 Other _____

3. When will/did your business start?

4. What form of organization is your business?

Sole Proprietorship
 General Proprietorship

LLC
 S Corporation
 C Corporation

5. Describe your Business experience and why will you be successful?

6. How will you use the funds?

Equipment: Item: Cost \$ _____

Furniture/Fixtures: Item: Cost \$ _____

Inventory/Merchandise: Item: Cost \$ _____

Working Capital Usage of Capital: Cost \$ _____

Start-up/Expansion Cash

Savings \$ _____

Match \$ _____

Other \$ _____

TOTAL \$ _____