



Minority Business Accelerator Application

Company Name: _____

Applicant Name: _____

Owner(s): _____

Website: _____

Address: _____

Email Address: _____

Mobile Phone: _____

Other Phone: _____

Ethnicity: African American Hispanic Asian Native American

Social Media:

Twitter Handle: _____

Facebook: _____

LinkedIn: _____

Snapchat: _____

Other: _____

Date this business began: _____

Are you working: Home-Based Have Office Space Retail Space Other

Form of Business: Proprietorship Partnership Corporation LLC
 S-Corp C-Corp 501(c)3 Other

Industry: Construction Hospitality Health/Related Services
 Manufacturing Service Distribution Retail
 Technology Professional Services Wholesale Other
 Financial Services

Do you need capital? If so, how much?

0 - \$9,999 \$10,000 - \$24,999 \$25,000 - \$49,999 \$50,000 - \$99,999 \$100,000+

Number of current employees: Full-Time: _____ Part-Time: _____

Revenue: 2015: _____ 2016: _____

Do you have a written business plan?

Yes

No

Do you need assistance in preparing a business plan?

Yes

No

Provide a brief description of your business (100 words):

What are the objectives of the business for the next two years? (100 words)

List of Officers/Directors/Advisors, if available.

What do you consider your most pressing business needs? (100 words)

Other Comments (100 words):

Please attach any other information you would like to share regarding your business/organization. (Examples can include business plan, business pitch, overview documents, brochures, etc).

Submit completed application and any items to: Danette Richards at drichards@mobilechamber.com

Date application submitted: _____