



## Entrepreneurship Profile Form A Business Incubator for the WMBDC

<b>Last Name</b>	<b>First Name</b>
<b>Company Name</b>	<b>Type of Business</b>
<b>Street</b>	<b>City</b>
<b>State</b>	<b>Zip Code</b>
<b>Office Number</b>	<b>Fax Number</b>
<b>Mobile Number</b>	<b>Date</b>
<b>Email</b>	<b>Website</b>

<b>Stage of Business</b> <ul style="list-style-type: none"> <li><input type="radio"/> Thinking of starting a business</li> <li><input type="radio"/> In process of starting or acquiring a business</li> <li><input type="radio"/> Currently own a business in operation for less than 1 year</li> <li><input type="radio"/> Currently own a business in operation for 1 to 5 years</li> <li><input type="radio"/> Currently own a business in operation for more than 5 years</li> </ul>	<b>Form of Business</b> <ul style="list-style-type: none"> <li><input type="radio"/> Sole proprietorship</li> <li><input type="radio"/> Using own name</li> <li><input type="radio"/> Filed D.B.A.</li> <li><input type="radio"/> Partnership</li> <li><input type="radio"/> Corporation</li> <li><input type="radio"/> Regular</li> <li><input type="radio"/> S-Corporation</li> <li><input type="radio"/> LLC</li> <li><input type="radio"/> Unknown currently</li> </ul>	<b>Type of Business</b> <ul style="list-style-type: none"> <li><input type="radio"/> Retail</li> <li><input type="radio"/> Service</li> <li><input type="radio"/> Wholesale/Distribution</li> <li><input type="radio"/> Manufacturing</li> <li><input type="radio"/> Construction</li> <li><input type="radio"/> Finance/Insurance</li> <li><input type="radio"/> Real estate</li> <li><input type="radio"/> Unknown currently</li> </ul>
<b>MWBE Certification Status</b> <ul style="list-style-type: none"> <li><input type="radio"/> Certified</li> <li><input type="radio"/> Application in process</li> <li><input type="radio"/> Certification Denied</li> <li><input type="radio"/> Have not applied</li> <li><input type="radio"/> Not eligible</li> </ul>	<b>Business Facility</b> <ul style="list-style-type: none"> <li><input type="radio"/> Home based</li> <li><input type="radio"/> Own outside facility</li> <li><input type="radio"/> Rent outside facility</li> <li><input type="radio"/> Unknown currently</li> </ul>	<b>Useable Business Plan</b> <ul style="list-style-type: none"> <li><input type="radio"/> Yes</li> <li><input type="radio"/> No</li> <li><input type="radio"/> Partial (needs work)</li> </ul>
<b>Income Generated by Business</b> <ul style="list-style-type: none"> <li><input type="radio"/> Main source of income</li> <li><input type="radio"/> Supplementary income</li> <li><input type="radio"/> Unknown currently</li> </ul>	<b>Gross Income Generated by Business (for existing firms only)</b> \$ _____ 2020 \$ _____ 2021	<b>Number of employees (excluding yourself)</b> Full time _____ Part time _____
<b>Gender</b> <ul style="list-style-type: none"> <li><input type="radio"/> Male</li> <li><input type="radio"/> Female</li> </ul> <b>DOB:</b> ___/___/___	<b>Ethnicity/Race Group</b> <ul style="list-style-type: none"> <li><input type="radio"/> Black/African American</li> <li><input type="radio"/> Hispanic</li> <li><input type="radio"/> Asian</li> <li><input type="radio"/> Native American</li> <li><input type="radio"/> White</li> <li><input type="radio"/> Other</li> </ul>	<b>Employment Status</b> <ul style="list-style-type: none"> <li><input type="radio"/> Employed full time</li> <li><input type="radio"/> Employed part time</li> <li><input type="radio"/> Self-employed full time</li> <li><input type="radio"/> Self-employed part time</li> <li><input type="radio"/> Unemployed</li> </ul>

Signature: \_\_\_\_\_

Please email this form to [lcartlidge@deltastate.edu](mailto:lcartlidge@deltastate.edu) or call (662) 843-4908