



Entrepreneurship Profile Form A Business Incubator for the BRIDGE

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

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

Signature: _____

Please email this form to lcartlidge@deltastate.edu or call (662) 846-4908