

MAPLE, OAK CLIFF, AND WEST DALLAS BUSINESS ASSISTANCE CENTERS

A PROGRAM OF



Greater Dallas Hispanic Chamber of Commerce

APPLICATION FOR ACCESS

Company Name: _____ SS#: _____

Address: _____

Telephone Number(s) Business: _____ Home: _____

Business Assistance Center applied for: ___ Maple ___ Oak Cliff ___ West Dallas

Prior to final acceptance, a viable business plan must be approved by the center.

1. Description of major product/service: _____

Business Category: ___ Technology ___ Sales ___ Production
 ___ Professional ___ Service ___ Other

2. Principals:

President/ CEO: _____ SS#: _____

Home Address: _____

Secretary/ Tres: _____

Home Address: _____

3. Company Structure:

___ Sole Proprietorship ___ Corporation ___ Partnership

Other _____

4. Year Business Established: 20 _____ Is business name registered ? ___ Yes ___ No

Business License Number: _____

Annual Sales (Last 2 Years): 20 _____ \$ _____ ; 20 _____ \$ _____

5. Do you have a business plan ? ___ Yes ___ No

6. Where is your desired operating area? (Check all that apply)

___ Metroplex ___ Texas ___ United States ___ International

7. What is your business classification? (check all that apply)

Small Large Woman Owned Minority

8. If you check minority please complete the following:

African American Hispanic Native American
 Asian Pacific American Asian Indian American Other

9. Will you use conference rooms on a regular basis? Yes No

10. Will you use the Technology Center on a regular basis? Yes No

11. Will you use the copiers on a regular basis? Yes No

12. Will you use the Learning Resource Center/ Business Library on a regular basis?
 Yes No

13. Will you use the FAX on a regular basis? Yes No

14. Will you attend free/or low cost seminars on a regular basis?
 Yes No Undecided

15. Has your business ever received a government contract or grant?
 Yes No

Your present capitalization is:

Less than \$10,000
 10,000 - 25,000
 25,001 - 50,000
 50,001 - 99,000
 Over \$100,000

Your sources of capitalization are: Loans Savings Investors

Other: _____

16. Please list three business credit references below:

Company Name: _____

Company Address: _____

State: _____ Zip: _____

Company Name: _____

Company Address: _____

State: _____ Zip: _____

Company Name: _____

Company Address: _____

State: _____ Zip: _____

17. Occupancy schedule: I am interested in moving into the Business Assistance Center

on or about the _____ day of _____ 20 _____.

I understand that the equipment I plan to use in my office(s) will be prior approved by the Center Manager.

18. How were you referred to the Business Assistance Center?

Advertising Radio Newspaper Word of Mouth

Other Chamber of Commerce

I give the Center my permission to extract statistical facts from this application on the basis that the privacy of the company is not violated.

Signature: _____

Title: _____ Date: _____

You can submit this application in person or mail it to:

*Business Assistance Centers
4622 Maple Avenue, Suite 207
Dallas, Texas 75219 - 1001*

Acceptance of this application by the Business Assistance Center does not imply in any guaranteed acceptance as an on-site business to the Business Assistance Center.

Equal opportunities are offered by the Business Assistance Center with regard to race, color, age, national origin, religion, sex, or handicap.

ATTENTION

Please be sure to submit the following:

BAC Access Application

Your Business Plan