

# Hamilton County Small Business Development Program PRE-APPLICATION QUESTIONNAIRE

Business Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Owner Name(s): \_\_\_\_\_  
 Telephone: (\_\_\_\_) \_\_\_\_\_  
 Email: \_\_\_\_\_

1. What type of business are you looking to start or improve/expand (i.e. lodging, restaurant, gift shop, etc.)?  
 \_\_\_\_\_

2. How many months per year will the business open? Currently \_\_\_\_\_ In the Future \_\_\_\_\_

3. How many people are currently employed by the business? \_\_\_\_\_ Full-time \_\_\_\_\_ Part-time

4. How many new jobs will likely be created as a result of the loan? \_\_\_\_\_ Full-time \_\_\_\_\_ Part-time

5. For what purpose will funds be used? (Check all that apply.)

<input type="checkbox"/> Acquisition <input type="checkbox"/> Machinery and equipment <input type="checkbox"/> Furniture and fixtures <input type="checkbox"/> Inventory financing	<input type="checkbox"/> Working capital <input type="checkbox"/> Interior renovations <input type="checkbox"/> Exterior renovations <input type="checkbox"/> New construction
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6. If any of aspect of the project includes renovation, please provide details about the proposed construction. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

7. If construction/renovation is planned, will you be hiring an independent contractor to complete the work?  
 \_\_\_\_ Yes \_\_\_\_ No If no, explain \_\_\_\_\_  
 \_\_\_\_\_

8. If renovation work is planned, is the structure on State or Federal Registers of Historic places or more than 50 years old? \_\_\_\_ Yes \_\_\_\_ No

9. If the proposed project involves new construction, will the proposed project increase the size or capacity of the structure by more than 20%? (Provide current and proposed number of units, if a lodging facility.)  
 \_\_\_\_ Yes \_\_\_\_ No

10. Will the proposed project involve any site excavation or grading? \_\_\_\_ Yes \_\_\_\_ No  
 If yes, please explain \_\_\_\_\_  
 \_\_\_\_\_

11. Will the project involve the removal of lead paint or asbestos-related material?  
 \_\_\_\_ Yes \_\_\_\_ No If yes, please explain \_\_\_\_\_  
 \_\_\_\_\_

12. Please indicate if you have a need for professional assistance in any of the following:

<input type="checkbox"/> Business Planning	<input type="checkbox"/> Marketing Research	<input type="checkbox"/> Market Strategy
<input type="checkbox"/> Accounting	<input type="checkbox"/> Legal	<input type="checkbox"/> Computer
<input type="checkbox"/> Web Site Development	<input type="checkbox"/> Other	

13. Have you experienced credit problems within the past 7 years? \_\_\_\_ Yes \_\_\_\_ No

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