



# BUSINESS INTAKE FORM



Business Name:

Website:

Primary Contact Name (First Last):

Daytime Phone:

Cell Phone:

Email:

Method of contact:

Secondary Contact Name (First Last):

Daytime Phone:

Cell Phone:

Email:

Is your business currently operating at a physical location?  Yes  No If yes, date opened:

Current Business Address:

Proposed Delray Beach Address:

**How many employees do you currently have?** Full-time:  Part-time:   None

**Are you planning to add employees?**  Yes  No If yes, within what time period?

Full-time jobs to be added:

Part-time jobs to be added:

**Do you rent or own the proposed Delray Beach business location?**  Own  Rent  Not Secured

Under Contract to Own Anticipated Closing Date:

Negotiating Lease Monthly Rental Rate:  Lease Term:

What is the square footage of your business location (current or desired)?

**Type of Business** (check all that apply):

- |   |                                     |   |   |   |
|---|-------------------------------------|---|---|---|
| <input type="checkbox"/> Retail             | <input type="checkbox"/> Restaurant | <input type="checkbox"/> Office             | <input type="checkbox"/> Medical Office | <input type="checkbox"/> Salon/Beauty/Spa         |
| <input type="checkbox"/> Fitness Studio/Gym |                                     | <input type="checkbox"/> Art Gallery/Studio |   | <input type="checkbox"/> Manufacturing/Industrial |
| <input type="checkbox"/> Convenience Store  |                                     | <input type="checkbox"/> Nonprofit          |   | <input type="checkbox"/> Hotel/Motel              |

**What kind of assistance are you looking for?** (Check all that apply)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Currently Operating Business  | <input type="checkbox"/> Start-up Business     | <input type="checkbox"/> Business Relocation         |
| <input type="checkbox"/> Exterior Improvements         | <input type="checkbox"/> Interior Improvements | <input type="checkbox"/> Infrastructure Improvements |
| <input type="checkbox"/> Rent Assistance               | <input type="checkbox"/> Property Acquisition  | <input type="checkbox"/> Business Startup Capital    |
| <input type="checkbox"/> Business Equipment            | <input type="checkbox"/> Business Loan         | <input type="checkbox"/> Job Training Assistance     |
| <input type="checkbox"/> Historic Building Restoration | <input type="checkbox"/> Nonprofit Support     | <input type="checkbox"/> New Development Project     |

Other:

**Are you planning to get a business loan from a private lender?**  Yes  No

If yes, how much?

Estimated Loan Term:

**Do you have cost estimates for your construction project?**  Yes  No  Not Yet  N/A

**Estimated Costs -** Interior:  Exterior:

Estimated Start Date:

Estimated Completion Date:

**Which, if any, of the following approvals have you obtained for your business/construction project?**

(check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> Architectural Drawings/Plans | <input type="checkbox"/> Site Plan Approval |
| <input type="checkbox"/> Building Permits             | <input type="checkbox"/> None               |

**Which, if any, of the following documents do you currently have for your business?** (check all that apply)

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Business Plan         | <input type="checkbox"/> Marketing Plan       | <input type="checkbox"/> Financial Projections |
| <input type="checkbox"/> Historical Financials | <input type="checkbox"/> Warranty Deed        | <input type="checkbox"/> Executed Lease        |
| <input type="checkbox"/> Zoning Verification   | <input type="checkbox"/> Business Tax Receipt | <input type="checkbox"/> None                  |

Please list any other specifics about your business that we should know: