

Small Business Management Program Application

Owner/Applicant: _____ (\$750) DOB: _____
(used by Chemeketa in place of SS#)

Cell: _____ E-Mail: _____

Have you taken a previous class from Chemeketa under a different name, if yes, what? _____

Second "Key" Person (if applicable): _____ (\$150) DOB: _____
(used by Chemeketa in place of SS#)

Cell: _____ E-Mail: _____

Have you taken a previous class from Chemeketa under a different name, if yes, what? _____

Business Name: _____

What products or services does your business provide? _____

Address: _____ City, Zip _____

Entity: Sole Partnership LLC S Corp C Corp Other _____

Business Phone: _____ Web Page: _____

Year Business Started: _____

Annual Sales, previous December: _____

Annual Profit, previous December: _____

Number of Employees:

Full Time (include owners): _____ Part-Time: _____

Do you have an accountant? Yes No Do you have a bookkeeper? Yes No

Do you have monthly financial statements? Yes No

Do you use accounting software? Yes No

If so, which one? _____ Version: _____

What are your top three greatest business challenges?

- 1) _____
- 2) _____
- 3) _____

What is your greatest business strength?

What keeps you up at night?

How did you learn about the SBM program?

Are you a current Chamber of Commerce Member (members receive a \$50 discount)? Yes No

Are you part of Chemeketa's Accelerator Program? Yes No

Signature (typed name): _____

Date: _____



**Center for
Business & Industry**
Chemeketa Community College

Email application to lori.cegon@chemeketa.edu (Type your information into the fillable areas, save your application to your computer then add the application as an attachment.)

Other: Fax: 503.581.6017 or Mail: 626 High St. NE, Suite 210 Salem, Or, 97301