



NxLevel Micro Entrepreneur Application



For Training Year 2022

Date: _____

Business Name: _____ Contact (Name): _____

Business Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Office Phone #: _____ Cell Phone #: _____

Website: _____

Business License # _____ FED ID: _____

1. What is the current status of your business?

- | | |
|--|---|
| <input type="checkbox"/> Operating an existing business | <input type="checkbox"/> Involved in family business |
| <input type="checkbox"/> Planning to expand an existing business | <input type="checkbox"/> Purchasing or taking over a business |

2. How long have you been operating your own business?

- Less than 1 year 1-2 years 3-5 years 6-10 years Over 15 years N/A

3. Industry Type: Describe your business.

- | | | |
|---|---|---|
| <input type="checkbox"/> Agriculture, Forestry, Fishing & Hunting | <input type="checkbox"/> Information/Telecommunication | <input type="checkbox"/> Real Estate Sales |
| <input type="checkbox"/> Arts, Entertainment, & Recreation | <input type="checkbox"/> Management | <input type="checkbox"/> Retail Trade |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Manufacturing/Production | <input type="checkbox"/> Research & Development |
| <input type="checkbox"/> Educational Services | <input type="checkbox"/> Professional Service | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Finance and Insurance | <input type="checkbox"/> Public Administration | <input type="checkbox"/> Waste and Remediation |
| <input type="checkbox"/> Franchise | <input type="checkbox"/> Real Estate Rental and Leasing | <input type="checkbox"/> Other Services |
| <input type="checkbox"/> Health Care and Social Assistance | | |

4. Describe the nature and the range of the products and/or services you offer. _____

5. a. How many full-time employees do you have, including yourself? _____

b. How many part-time employees do you have, including yourself? _____

6. Do you work full-time in your business? Yes No

7. a. What is the primary location of your own business?

- Your home Partner's home Rented space (not home)
 Owned space (not home) Incubator space Other

b. If other, explain... _____

8. What are your plans for the future? For example, improve the quality of the products/ services, grow, expand into new product/service lines, test new markets, etc. _____

9. Please explain what kind of formal business planning you have done. What impact has it had on your business? _____

10. Why do you want to participate in NxLevel Micro Entrepreneur?

Course Description: The NxLevel Micro Entrepreneurs module focuses on teaching “self-sufficiency through self-employment.” Participants will learn how to choose a business idea, develop a marketing plan, explore financing options, develop a customer service philosophy, as well as other relevant entrepreneurial skills.

How much does NxLevel Micro Entrepreneurs course cost? NxLevel normally cost \$250.00. However, the City of Columbia will waive the cost for the 2022 session. Participants will only have to pay \$100 if they do not complete the course (unless there is a special circumstance to where the participant is unable to attend, the decision to return payment will be made by the Office of Business Opportunities).

NxLevel Micro Entrepreneur commitment to attend all sessions (approximately 45 classroom hours) and complete prep work beginning **January 13, 2022 through March 17, 2022**. Class will meet virtually on Thursdays for three hours (6 p.m. – 9 p.m.). Signatures below may alternate between sessions. At least one company’s decision maker must be present to get full credit for this course:

Business:

Signature: _____

Date: _____

City of Columbia:

Signature: _____

Date: _____

Submit completed application to the address below not later than January 3, 2022:

Office of Business Opportunities:
Attn: Kalenna Ginyard
1401 Main Street, 4th Floor
Columbia, SC 29201
Phone 803-545-3950 Fax 803-401-8859
kalenna.ginyard@columbiasc.gov

