SBDC OREGON

SOU Southern OREGON UNIVERSITY

Small Business Management (SBM) Application

Please send completed application to SOU Small Business Development Center (sbdc@sou.edu).

No payment is due upon application. Program fee will be invoiced upon admittance to the program, and due upon receipt.

Owner Applicant: _____ Cell: _____ E-Mail: _____

Second Owner Applicant (if applicable): _____ Cell: _____ E-Mail: _____

Business Name: _____

Business Address: _____

Entity: Sole Proprietor☐ Partnership☐ LLC☐ S Corp.☐ C Corp.☐ Other☐

Business Phone No.: _____ Website: _____

Year Business Started: _____

Annual Sales (2024): _____ Annual Profit: _____

Number of Employees (excluding owner): _____

Full Time Employees: _____

Part-Time Employees: _____

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 yes, which one?: _____ Version: _____

What are your top three greatest business challenges?

_____

_____

_____

What is your greatest strength? _____

How did you learn about the SBM Program? _____

Signature: _____ Date: _____

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business oregon

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