



Small Business Management (SBM) Application



Please send completed application to
SOU Small Business Development Center
(tippint1@sou.edu)

Owner Applicant: _____

Cell: _____ E-Mail: _____

Second Owner Applicant (if applicable): _____

Cell: _____ E-Mail: _____ Business

Name: _____

Address: _____ City, Zip _____

Entity: Sole Proprietor Partnership LLC S Corp C Corp Other

Business Phone: _____ Website: _____

Year Business Started: _____

Annual Sales (2020): _____

Annual Profit (2020): _____

Number of Employees (excluding owner): _____

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?

How did you learn about the SBM program?

Signature: _____ Date: _____

No payment is due upon application.

Course fee will be invoiced upon admittance to the program and is due prior to first session.



The Small Business Development Center is partially funded by the U.S. Small Business Administration. The support given by the Small Business Administration through such funding does not constitute or express an implied endorsement of any of the cosponsors, or participants' opinions, products, or services. Special arrangement for disabled individuals will be made if requested in advance.

