



Name of Business: _____

Business Address: _____

Business Telephone: () _____

Name of Business Owner: _____

Address of Business Owner: _____

Owner Telephone: () _____

Business Description:

Nature of the Business: Briefly describe the type of business: (i.e. retail, wholesale, service, etc.)

History of the Business:

Pre Start Up

Existing: (Please describe)

Legal Structure of the Business:

What is the legal structure of the business? (Please check one of the following)

Sole Proprietor
 S-Corp
 Not For Profit

Partnership
 C-Corp
 Other _____

Limited Partnership
 LLC

LLP
 Franchise



Name(s) of business owner(s) and/or principal(s):

List the professional relationships, include name and contact information:

Accountant:

Attorney:

Banker:

Insurance Agent:

Past Work Experience:

What is your knowledge and/or experience of this type of business? Please be specific.

What other work experience do you have?



Reasons the business will succeed:

Why do you believe this business is feasible, viable and sustainable?

Marketing Plan:

Product or Services:

Describe your product or service:

Distribution:

How will your product or service be made available?

How much will packaging, materials handling and transportation cost?



Industry:

Describe the size of your industry in number of potential customers/clients or in number of businesses in the industry:

Briefly describe the prevailing trends within the industry:

Customers:

Who will buy your product or service?

Where are your customers located? Please be specific.



Describe your customer profile:

For consumers: age, sex, income, profession, lifestyle, education and family size

For businesses: type of business, sales, size, number of employees and number of years in business

Competition:

Who are your major competitors? Where are they located?

Position in the Marketplace:

How will your product/service be different from that of the competition?

Image/Packaging:

Describe your image, i.e. slogan, cards, flyers, etc. including costs:



Pricing:

How will you price your product or service?

Will these prices give you an adequate profit? How?

Are your prices competitive? Show comparisons:

Are cheaper products available? Are they of the same quality? List them:

Will you offer your customers credit? Will you accept credit cards?



How will you handle slow paying customers?

Marketing Goals and Objectives:

Describe the goals you plan to achieve in terms of marketing your business: (i.e. start date, sales revenue, customer/ clientele base)

Marketing Strategy:

I will follow the promotion plan below to achieve my goals and objectives:

Action	Responsibility	Date	Cost



Operating Plan: Give costs as much as possible.

Duties and Qualifications:

Who is responsible for what?

Employees:

Specialists or Consultants:

Record Keeping, Inventory and Finances:

Licenses, Permits and Other Regulations:



Sales Tax:

Insurance:

Payment Terms:

Hours of Operation:

What days and hours will this business be open/operated?

<input type="checkbox"/>	Mon	Hours?	_____
<input type="checkbox"/>	Tues	Hours?	_____
<input type="checkbox"/>	Wed	Hours?	_____
<input type="checkbox"/>	Thurs	Hours?	_____
<input type="checkbox"/>	Fri	Hours?	_____
<input type="checkbox"/>	Sat	Hours?	_____
<input type="checkbox"/>	Sun	Hours?	_____



Financial Plan:

Because the costs of starting a business are often underestimated, new entrepreneurs should consider completing, at a minimum, a few basic pro forma financial statements even before they attempt to estimate how much money they will need. In addition to a personal financial statement such as the one illustrated above, try preparing the following estimates for initial setup and projected monthly costs.

Initial Setup Costs:

Use the following worksheet to prepare an itemized estimate of how much it will cost to get your business set up. These will all be pre-opening expenses.

Schedule A: Initial Setup Costs		
Advertising	\$ _____	Promotion for opening the business
Beginning inventory	\$ _____	The amount of inventory needed to open
Building construction	\$ _____	The amount per contractor bid and other
Cash	\$ _____	Requirements for the cash register
Decorating	\$ _____	Estimate based on bid if appropriate
Deposits	\$ _____	Check with the utility companies
Fixtures and equipment	\$ _____	Use actual bid on all F and E
Installing fixtures and equipment	\$ _____	Use actual bids
Insurance	\$ _____	Bid from insurance agent
Lease payment	\$ _____	Bid from real estate agent
Licenses and permits	\$ _____	Check with city or state offices
Miscellaneous	\$ _____	All other
Professional fees	\$ _____	Include CPA, attorney, engineer, etc.
Remodeling	\$ _____	The amount per contractor bid
Rent, equipment	\$ _____	Amount to be paid before opening
Services	\$ _____	Cleaning, accounting, etc.
Signs	\$ _____	The amount per contractor bid
Supplies	\$ _____	Office, cleaning, etc. supplies
Unanticipated expenses	\$ _____	Amount for unexpected costs (10 percent of total)
Other	\$ _____	
Other	\$ _____	
Other	\$ _____	
Total Setup Dollars Needed	\$ _____	Total Schedule A (Pre-Opening Costs)



The First 90 Days Projected Monthly Costs:

Prepare an itemized statement identifying both (1) your personal living costs and (2) the anticipated monthly costs of operating the business for the first three months. Include the following items plus any other expenses that you deem appropriate for your individual situation.

Personal Living Expenses:

Make a family budget. Look at your family's fixed and variable living expenses. It's important to know the amount of personal costs that you'll have to cover during the startup phase of your business.



Schedule B: Personal Living Expenses				
Family Income	<i>Month 1</i>	<i>Month 2</i>	<i>Month 3</i>	<i>Total</i>
Wages (take-home)	\$	\$	\$	\$
Wages (take-home)—Spouse	\$	\$	\$	\$
Interest and dividends	\$	\$	\$	\$
Miscellaneous	\$	\$	\$	\$
Total Income	\$	\$	\$	\$
Family Expense Budget	<i>Month 1</i>	<i>Month 2</i>	<i>Month 3</i>	<i>Total</i>
Auto expenses (gas, maintenance, etc.)	\$	\$	\$	\$
Auto insurance	\$	\$	\$	\$
Auto payment	\$	\$	\$	\$
Beauty shop & barber	\$	\$	\$	\$
Cable TV	\$	\$	\$	\$
Charity	\$	\$	\$	\$
Child care	\$	\$	\$	\$
Clothing	\$	\$	\$	\$
Credit card payments	\$	\$	\$	\$
Dues and subscriptions	\$	\$	\$	\$
Electricity	\$	\$	\$	\$
Entertainment	\$	\$	\$	\$
Gas company	\$	\$	\$	\$
Gifts	\$	\$	\$	\$
Groceries & outside meals	\$	\$	\$	\$
Health insurance	\$	\$	\$	\$
Home repairs	\$	\$	\$	\$
Homeowner's insurance	\$	\$	\$	\$
Household	\$	\$	\$	\$
Income tax (additional)	\$	\$	\$	\$
Laundry and dry cleaning	\$	\$	\$	\$
Life insurance	\$	\$	\$	\$
Medical and dental	\$	\$	\$	\$
Miscellaneous	\$	\$	\$	\$
Mortgage payments	\$	\$	\$	\$
Other debt payments	\$	\$	\$	\$
Rent	\$	\$	\$	\$
School expenses	\$	\$	\$	\$
Telephone bill	\$	\$	\$	\$
Tuition	\$	\$	\$	\$
Vacations	\$	\$	\$	\$
Water, sewer, trash collection	\$	\$	\$	\$
Other	\$	\$	\$	\$
Total Expenses	\$	\$	\$	\$
Net Cash Remaining (Needed)	\$	\$	\$	\$
Total Schedule B				



Business Operating Costs:

At a minimum, estimate monthly income and expenses for your business's first 90 days of operation.

Schedule C: Business Operating Costs (First 90 Days)					
<i>Estimated business income</i>	<i>Month 1</i>	<i>Month 2</i>	<i>Month 3</i>	<i>Total</i>	Notes
Total Income	\$	\$	\$	\$	
<i>Monthly expenses</i>	<i>Month 1</i>	<i>Month 2</i>	<i>Month 3</i>	<i>Total</i>	<i>Notes</i>
Advertising	\$	\$	\$	\$	
Bank service charges	\$	\$	\$	\$	
Business insurance	\$	\$	\$	\$	Exclude the amount from Schedules A or B
Credit card fees	\$	\$	\$	\$	
Delivery charges	\$	\$	\$	\$	
Dues and subscriptions	\$	\$	\$	\$	
Health insurance	\$	\$	\$	\$	Exclude the amount from Schedules A or B
Inventory	\$	\$	\$	\$	
Lease payments	\$	\$	\$	\$	Exclude the amount from Schedules A or B
Loan payments	\$	\$	\$	\$	Principal and interest payments
Miscellaneous	\$	\$	\$	\$	
Office expenses	\$	\$	\$	\$	
Payroll other than manager	\$	\$	\$	\$	
Payroll taxes	\$	\$	\$	\$	
Professional fees	\$	\$	\$	\$	
Rent	\$	\$	\$	\$	Exclude the amount from Schedules A or B
Repairs and maintenance	\$	\$	\$	\$	
Salary of owner or manager	\$	\$	\$	\$	Only if applicable first 90 days
Sales tax	\$	\$	\$	\$	
Supplies	\$	\$	\$	\$	
Telephone	\$	\$	\$	\$	
Utilities	\$	\$	\$	\$	
Other	\$	\$	\$	\$	
Total Expenses	\$	\$	\$	\$	
Net Cash Remaining (Needed)	\$	\$	\$	\$	Total Schedule C



Recap of Costs

Initial Business Setup Dollars Needed (from Schedule A):

\$ _____

Operating Dollars Needed for First 90 Days (from Schedule C):

\$ _____

Total Dollars Needed for Setup and First 90 Days (sum of A + C):

\$ _____

\$ _____

Additional Personal Cash Needed or Available (from Schedule B):

\$ _____

Net Cash Needs for Personal and Business Survival during Startup and First 90 Days:

\$ _____