



# B.E.S.T. *Mobile Accelerator*

## Business Entrepreneurial Stewardship Training

### ENTERPRISER CANDIDATE APPLICATION

Name \_\_\_\_\_ Date \_\_\_\_\_

Street Address \_\_\_\_\_

City / State / Zip \_\_\_\_\_

Telephone No. \_\_\_\_\_ Cell No. \_\_\_\_\_ Fax No. \_\_\_\_\_

E-Mail \_\_\_\_\_ Text O.K.?  Yes  No

Session Enrollment Date \_\_\_\_\_ Business Start Date \_\_\_\_\_

Type Of Business \_\_\_\_\_

Business Name \_\_\_\_\_

1. Describe your current business or proposed enterprise in 50 words or less. (If uncertain, describe general idea for your product or service.)

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2. Is your business (check one)  Local?  Regional?  Global / International?  Online?  Franchise?

3. Who are your major or target customers?

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4. Have you owned and operated a business before?  Yes  No If yes, please explain.

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5. Is it a priority for you to own and operate a business and to create employment?  Yes  No  
If no, please explain why.

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6. How does your immediate family (spouse, children, etc.) feel about your owning and operating a business?

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7. How much working capital does your business need to achieve growth to the next stage and what are its uses?

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