



**State of Nevada Department of Business and Industry**  
**DIRECTOR'S OFFICE**  
**OFFICE OF BUSINESS FINANCE AND PLANNING**

<b>1. Contact Information</b>				
Last Name:		First Name:		Date:
Street Address:		City:	State:	Zip Code:
Email Address:		Primary Phone:		Secondary
<b>2. Demographics</b>				
Race: <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian /other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other		Ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic or Latino Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Military Status: <input type="checkbox"/> Active Duty - Branch _____ <input type="checkbox"/> Reserve/National Guard Member Veteran Status: <input type="checkbox"/> Veteran <input type="checkbox"/> Non-Veteran <input type="checkbox"/> Service-Disabled Veteran
		Are you a person with disability? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>3. Business Profile</b>				
Are you currently in business? If no, skip to number 5. <input type="checkbox"/> Yes <input type="checkbox"/> No		Name of Company:		Do you conduct business online? <input type="checkbox"/> Completely Online
		Month & Year Started:		<input type="checkbox"/> Partially <input type="checkbox"/> Not at all
Is this a home-based business? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is this a woman-owned business (51% or more) <input type="checkbox"/> Yes <input type="checkbox"/> No Is this a minority-owned business (51% or more) <input type="checkbox"/> Yes <input type="checkbox"/> No		
Number of employees: Full-time _____ Part-time _____		Business Legal Structure: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Other (specify) _____		Last full business year: Gross Rev./Sales: \$ _____ Profits: \$ _____ Losses: \$ _____
<b>4. Type of Business (choose primary category):</b>				
<input type="checkbox"/> Mining <input type="checkbox"/> Manufacturing <input type="checkbox"/> Real Estate / Rental / Leasing <input type="checkbox"/> Utilities <input type="checkbox"/> Finance & Insurance <input type="checkbox"/> Health Care / Social Assistance <input type="checkbox"/> Information <input type="checkbox"/> Wholesale Trade <input type="checkbox"/> Accommodation / Food Service <input type="checkbox"/> Construction <input type="checkbox"/> Public Administration <input type="checkbox"/> Arts / Entertainment / Recreation <input type="checkbox"/> Retail Trade <input type="checkbox"/> Educational Services <input type="checkbox"/> Transportation / Warehousing				<input type="checkbox"/> Waste Mgmt./ Remediation Svs. <input type="checkbox"/> Profession/Scientific/Technical Svs. <input type="checkbox"/> Mgmt. of Companies/Enterprises <input type="checkbox"/> Agriculture/Forestry/Fishing/Hunting <input type="checkbox"/> Administrative & Support <input type="checkbox"/> Other Services
<b>5. Nature of Assistance</b>				
<input type="checkbox"/> Initial Consultation <input type="checkbox"/> Managing a Business <input type="checkbox"/> Government Contracting <input type="checkbox"/> Human Resources/Employee Mgmt. <input type="checkbox"/> Start-up / Formation <input type="checkbox"/> Tax Planning <input type="checkbox"/> Technology / Computers <input type="checkbox"/> Strategic Planning <input type="checkbox"/> Start-up Budgeting <input type="checkbox"/> Marketing <input type="checkbox"/> eCommerce <input type="checkbox"/> Payroll / Accounting <input type="checkbox"/> Financial Planning <input type="checkbox"/> Franchising <input type="checkbox"/> Legal Issues <input type="checkbox"/> Training <input type="checkbox"/> Business Plan <input type="checkbox"/> Buy/Sell Business <input type="checkbox"/> International Trade <input type="checkbox"/> Other _____				

I am requesting business consulting and/or referral services from the State of Nevada Department of Business and Industry (B&I). I give B&I permission to use my name and address for B&I surveys and information mailings regarding B&I products and services. I authorize B&I to provide relevant information to our Resource Partners for the purpose of business assistance and waive all claims against B&I personnel and that of its Resource Partners and host organizations arising from this assistance.

**Please complete this form, and attach a separate sheet which describes the existing business or start-up business and the type of assistance you are requesting and email to Carrie Foley at cfoley@business.nv.gov**

Client Printed Name \_\_\_\_\_ Signature \_\_\_\_\_