



First Looks Mentee Application

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Applicants, please complete this part:

Date Submitted: _____

Date of First Looks Session Applying For: _____

This must be completed & emailed back to triplett@ownersview.com no later than 5pm on the 10th of month of the First Looks session you want to participate in. Applications received after that time may NOT be included in that session but are eligible for future sessions. This information will be shared with mentors and used to try to find the most appropriate mentors for you to meet with.

1. What is your name, contact information (phone number, email address, mailing address) and the name of the business with projected startup date or date of first sale if it already has customers? _____

2. What are the business' primary activities? _____

3. What does or will the business sell? Have you had sales? _____

4. Who are or whom do you want as your primary customers? Describe them briefly. _____

5. Do you have employees? How many? What are their primary duties? _____

6. What is the overall goal of the business? _____

7. What do you think sales will be two years from now? _____
8. What are the major concerns, problems, opportunities, or threats you have concerning the business? _____

9. What have you done to resolve these issues? _____

10. Does your business have a written business plan? **Yes** or **No**. If so, does it include financials? **Yes** or **No**.

Business Background

11. When was the business started and by whom? If you acquired it, how? Does it have sales yet? Does it have a product or service ready to sell? _____

12. What is the legal formation of the business? (DBA, Sole Proprietor, S Corp, C Corp, LLC, PC, etc.)

13. How many owners are there? List all owners with more than a 20% ownership in the business. _____

14. What are your primary responsibilities in the business? _____

15. Do any of the other owners have an active function in the business? If yes, please list who they are and their key responsibilities. _____

16. What in your background, education, experience relates to this business?

What specific things have you done to grow the business and/or sales? What has been the result? _____

17. If you have sold products/services, what were your gross sales for last year (year to date)? What were your profits on those sales? Did this include owner/operator compensation? _____

18. List the major competitors to your business.

a. _____

b. _____

c. _____

19. What are you looking for from a Mentor? _____

To Be Completed by Office Staff Only

Date Received: _____

Include in Next Session? _____

Date Contacted Potential First Looks Participant: _____

Participant Agreed to Participate in Session on this date: _____