



Request for Small and Professional Business Mentoring and Assistance

Please print legibly or type

Name _____ Date _____

Company _____

Address _____

City _____ State _____ Zip _____

County _____ Years in business _____ Full time Part time

Contact Information

Work phone _____ Ext _____ Home phone _____

Cellular phone _____ Primary email address _____

Secondary email address _____

Website _____

Business Location

Home based business Office Store Warehouse Mobile Other _____

Business Status (check all that apply)

Sole owner Partnership Limited liability Corporation Just starting out (not formed)

Woman owned African American Latino/Hispanic Asian Native American

Certifications (check all that apply)

DBE WBE ESB EEO Registered by City of Portland

Federal Tax Identification Number _____

State of Oregon Identification number _____

Number of employees:

Full time _____ Part time _____ Seasonal _____ Occasional/On Call _____

Areas of interest or need (check all that apply)

Marketing Advertising Business and tax requirements Business plan Loans

Employee management Payroll processing and reporting Steps to Success™ chamber counseling

Assigned counselor _____

Additional counselor _____

How were you referred to this program? _____

Fax to: 503-293-2094 or email to: Roy@SmallBusinessMentoring.com