

Clackamas Community College
Small Business Development Center
7736 SE Harmony Road, Room 172, Milwaukie, OR 97222
503-594-0738, Fax 503-594-0726
bizcenter@clackamas.edu

V-SBM PROGRAM APPLICATION

Please complete as much as possible. After a program instructor reviews the application, you will be contacted to discuss program times/availability.

Owner/Manager Name(s) _____ Date _____

Business Name _____

Mailing Address _____ Phone _____

_____ e-mail _____
City State Zip

In what month and year did you start your business? _____

Business description: _____

Business structure: Undecided Sole Proprietorship Partnership
 Corporation S Corporation LLC

Number of employees (including owners): Full-time Part-time

Check all that apply:

Business has: Accountant Attorney Insurance Agent

Type of current records: Sales Inventory Production
 Equipment Employee

Financial statements: Monthly Quarterly

Average monthly: Sales \$ _____ Profit \$ _____ Payroll \$ _____

Please give a short explanation of why you want to enroll in the Veterans Small Business Management.
What do you hope to get out of the program?

This application is confidential and will be available to the program instructor only.