



Community Economic Development Small Business Program

PART I: Personal Information:

Today's Date: _____

Your Name: _____

Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Race/Ethnicity: _____

Are you the primary business contact? ☐ yes ☐ no E-mail: _____

Cell Phone (____) _____ Is it ok to Text you? Yes No

Alternate Phone: (____) _____ Whose phone number is this? _____

How many people are in your household? _____ adults _____ children

What is your total household annual or monthly gross income? \$ _____

Sources of income: _____

How did you find out about this program? _____

PART II: BUSINESS INFORMATION

Business Name: _____

Business Address: _____

Business Phone: (____) _____ (if different)

Business E-mail: _____ (if different)

List all business owners: _____

Is the business minority-owned? ☐ Yes ☐ No Is the business women-owned? ☐ Yes ☐ No

Do you have a business plan? ☐ Yes or ☐ No If yes, please attach. If no, VLP will refer to a small business program to assist with the creation of a business plan before legal services will be rendered.

Do you have an Operating Agreement or other Ownership Documents? ☐ Yes ☐ No please attach.

Is your business incorporated? ☐ Yes ☐ No If yes, please attach incorporation documents.

Are you a current or former Upstart Program participant? ☐ Yes ☐ No

Are you a current or prospective Salt City Market restaurant? ☐ Yes ☐ No

Are you able to afford an attorney? ☐ Yes ☐ No

of employees (not including yourself) your business employs? Full time_____Part Time _____

Please describe what your business does? Services, etc.

PART III: LEGAL ASSISTANCE: What business law services do you think you will need?

☐ Contract Review/Termination

☐ Lease Review/Termination

☐ Employment Termination Issues including layoffs, severance, furlough

☐ Insurance issues including Unemployment Insurance, Paid Family Leave, PTO, etc.

☐ Disability/Workman's Compensation

☐ Tax Concerns

☐ SBA loan concerns

☐ Other (please describe): _____

Please describe in your own words what the legal issue is:

Is the legal issue COVID-19 related? ☐ Yes ☐ NO
If yes, how?

If there is an opposing party, what is their name?

Please return this form to Pauline Smith at psmith@vlpcny.org. Thank you!