



## Small Business Assessment

Name \_\_\_\_\_

Ph # \_\_\_\_\_ Email Address \_\_\_\_\_

Preferred language \_\_\_\_\_

Business Name \_\_\_\_\_

Will your business be considered \_\_\_\_ Office \_\_\_\_ Retail \_\_\_\_ Restaurant

Please provide a brief description of your business

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Are you looking to purchase or lease space for your business? \_\_\_\_\_

How many square feet are you looking for? \_\_\_\_\_

What is your maximum budget per sqft? \_\_\_\_\_

Have you received any assistance? (ex: SBDC) \_\_\_\_\_

Have you contacted the City of Kissimmee? Yes \_\_\_\_ No \_\_\_\_

Are you interested in receiving mentoring services to help grow your business? Yes \_\_\_\_ No \_\_\_\_

Have you previously owned a business Yes \_\_\_\_ No \_\_\_\_ If so, what type of business and where?

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How soon do you plan to open your business? \_\_\_\_\_

What is your preferred location? (ex: Downtown Kissimmee, 192/Vine Street)

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Kissimmee Main Street