

# B<sup>3</sup> Participation Form

Name:

Physical Address:

Email:

Preferred Phone #:

Have you already started a new business?    Yes    No    Date Started:

Organization Type (circle one):    Sole Proprietorship    Partnership    LLC    S Corp.    C Corp

Current Number of Full-Time Employees:

Current Number of Part-Time Employees:

Current Annual Sales/Business Revenue:

Please describe the diversity of your existing business or start up. Please use percentages for each owner.

Describe the concept of your business OR your idea for a proposed business:

Describe your products/services:

Describe your experience in managing a business:

Describe your target market: (*Who are your customers? Where are they located?*)

Name and location of your competitors:

How do you plan to attract customers?

Other information you would like the B-Cubed Team to know about your proposed or existing business:

**Questions? Feel free to call the Chamber of Commerce office at 540-434-3862  
Please submit completed Participation Form to [information@hrchamber.org](mailto:information@hrchamber.org)**

**We look forward to working with you!**