



We Are Columbia



# FastTrac Growth Venture Application

2014

Date: \_\_\_\_\_

Business Name: \_\_\_\_\_ Contact (Name): \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Office Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Website: \_\_\_\_\_

Business License # \_\_\_\_\_ FED ID: \_\_\_\_\_

**1. What is the current status of your business?**

- Operating an existing business
- Involved in family business
- Planning to expand an existing business
- Purchasing or taking over a business

**2. How long have you been operating your own business?**

- 3-8 years
- 9-15 years
- Over 15 years

**3. Industry Type: Describe your business.**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Agriculture, Forestry, Fishing & Hunting | <input type="checkbox"/> Information/Telecommunication  | <input type="checkbox"/> Real Estate Sales      |
| <input type="checkbox"/> Arts, Entertainment, & Recreation        | <input type="checkbox"/> Management                     | <input type="checkbox"/> Retail Trade           |
| <input type="checkbox"/> Construction                             | <input type="checkbox"/> Manufacturing/Production       | <input type="checkbox"/> Research & Development |
| <input type="checkbox"/> Educational Services                     | <input type="checkbox"/> Professional Service           | <input type="checkbox"/> Transportation         |
| <input type="checkbox"/> Finance and Insurance                    | <input type="checkbox"/> Public Administration          | <input type="checkbox"/> Waster and Remediation |
| <input type="checkbox"/> Franchise                                | <input type="checkbox"/> Real Estate Rental and Leasing | <input type="checkbox"/> Other Services         |
| <input type="checkbox"/> Health Care and Social Assistance        |   |   |

**4. Describe the nature and the range of the products and/or services you offer.** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**5. a. How many full-time employees do you have, including yourself?** \_\_\_\_\_

**b. How many part-time employees do you have, including yourself?** \_\_\_\_\_

**6. Do you work full-time in your business?**  Yes  No

7. a. **What is the primary location of your own business?**
- Your home                       Partner's home                       Rented space (not home)
- Owned space (not home)       Incubator space                       Other

b. **If other, explain...** \_\_\_\_\_

8. **What are your plans for the future? For example, improve the quality of the products / services, grow, expand into new product/service lines, test new markets, etc.** \_\_\_\_\_

\_\_\_\_\_

9. **Please explain what kind of formal business planning you have done. What impact has it had on your business?** \_\_\_\_\_

\_\_\_\_\_

10. **Why do you want to participate in FastTrac Growth Venture?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**“In this course, you’ll create an actionable plan for strategic growth, receive one-on-one assistance from experienced entrepreneurs, and join a learning community of peer entrepreneurs. The benefits last long after the course is over.”**

FastTrac GrowthVenture commitment to attend all sessions (approximately 30 classroom hours) and complete prep work beginning January 14, 2014 through March 18, 2014. Class will meet on Tuesdays for three hours (6p.m. - 9p.m.). Signatures below may alternate between sessions. At least one company’s decision maker must be present to get full credit for this course:

**Business:**

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

**City of Columbia**

Signature: \_\_\_\_\_

**Submit completed application with payment to:**

**Office of Business Opportunities:**

Attn: Angelo McBride  
1225 Lady Street, Suite 102  
Columbia, SC 29201  
Phone 803-545-3960 Fax 803-255-8912 or 803.299-8912