



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 Sally Curran at scurran@vlpcny.org and Adam Martin at amartin@vlpcny.org or via fax to 315-939-1466. Thank you!