



Houston Area
Urban League

Entrepreneurship Center Intake Form

A Business Incubator for the Urban Entrepreneur

Last Name <u>Drumgo</u>	First Name <u>Ahmad</u>
Company Name <u>Perpetual Development, LLC.</u>	Type of Business <u>General Construction</u>
Street <u>3608 Market Street, Suite D</u>	City <u>Houston</u>
State <u>Texas</u>	Zip Code <u>77020</u>
Office Number <u>832.900.9499</u>	Fax Number <u>281.444.4308</u>
Mobile Number <u>713.742.3336</u>	Date <u>08/25/2016</u>
E-mail <u>info@perpetualhomes.com</u>	Web Site <u>www.perpetualhomes.com</u>

Stage of Business <input type="checkbox"/> Thinking of Starting a Business <input type="checkbox"/> In Process of Starting or Acquiring a Business <input type="checkbox"/> Currently own a business in operation for less than 1 year <input type="checkbox"/> Currently own a business in operation for 1 to 5 years <input checked="" type="checkbox"/> Currently own a business in operation for more than 5 years	Form of Business <input type="checkbox"/> Sole Proprietorship Using Own Name <input type="checkbox"/> Filed D.B.A. <input type="checkbox"/> Partnership Corporation <input type="checkbox"/> Regular S-Corporation <input checked="" type="checkbox"/> LLC <input checked="" type="checkbox"/> Non Profit <input type="checkbox"/> Unknown at this time	Type of Business <input type="checkbox"/> Retail <input type="checkbox"/> Service <input type="checkbox"/> Wholesale, Distribution <input type="checkbox"/> Manufacturing <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Finance, Insurance, Real Estate <input type="checkbox"/> Unknown at this time
MWBE Certification Status <input type="checkbox"/> Certified <input checked="" type="checkbox"/> Application in Process <input type="checkbox"/> Certification Denied <input type="checkbox"/> Have Not Applied <input type="checkbox"/> Not Eligible	Business Facility <input type="checkbox"/> Home Based <input type="checkbox"/> Own Outside Facility <input checked="" type="checkbox"/> Rent Outside Facility <input type="checkbox"/> Unknown at this time	Useable Business Plan <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Partial, Needs Work
Income generated by Business <input checked="" type="checkbox"/> Main Source of Income <input type="checkbox"/> Supplementary Income <input type="checkbox"/> Unknown at this time	Gross Income Generated by Business (for existing firms only) \$ <u>49,082</u> 2014 (annually) \$ <u>62,048</u> 2015 (annually)	Number of employees (excluding yourself) Full time <u>1</u> Part time <u>1</u>
Gender <input type="checkbox"/> Female <input checked="" type="checkbox"/> Male DOB: <u>03/30/1979</u>	Ethnicity/Race Group <input checked="" type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Other	Employment Status <input type="checkbox"/> Employed Full Time <input type="checkbox"/> Employed Part Time <input checked="" type="checkbox"/> Self Employed Full Time <input type="checkbox"/> Self Employed Part Time <input type="checkbox"/> Unemployed

Client Signature:

Please email this form to LNorwood@lreneellc.com or fax to (713) 393-8774



Houston Area
Urban League

Entrepreneurship Center Intake Form A Business Incubator for the Urban Entrepreneur

Last Name Graham	First Name Akili
Company Name The Ultimate Wellness Group	Type of Business Holistic Health
Street 4050 Mission Valley Dr.	City Missouri City
State TX	Zip Code 77459
Office Number 832-429-4576	Fax Number 832-201-7011
Mobile Number 832-370-2212	Date 8/15/16
E-mail theultimatewellnessgroup@gmail.com	Web Site www.theultimatewellnessgroup.com

Stage of Business <input type="radio"/> Thinking of Starting a Business <input type="radio"/> In Process of Starting or Acquiring a Business <input type="radio"/> Currently own a business in operation for less than 1 year <input checked="" type="radio"/> Currently own a business in operation for 1 to 5 years <input type="radio"/> Currently own a business in operation for more than 5 years	Form of Business <input type="radio"/> Sole Proprietorship <input checked="" type="radio"/> Using Own Name Filed D.B.A. <input type="radio"/> Partnership <input type="radio"/> Corporation <input type="radio"/> Regular <input type="radio"/> S-Corporation <input type="radio"/> LLC <input type="radio"/> Non Profit <input type="radio"/> Unknown at this time	Type of Business <input type="radio"/> Retail <input checked="" type="radio"/> Service <input type="radio"/> Wholesale, Distribution <input type="radio"/> Manufacturing <input type="radio"/> Construction <input type="radio"/> Finance, Insurance, Real Estate <input type="radio"/> Unknown at this time
MWBE Certification Status <input type="radio"/> Certified <input type="radio"/> Application in Process <input type="radio"/> Certification Denied <input type="radio"/> Have Not Applied <input checked="" type="radio"/> Not Eligible	Business Facility <input checked="" type="radio"/> Home Based <input type="radio"/> Own Outside Facility <input type="radio"/> Rent Outside Facility <input type="radio"/> Unknown at this time	Useable Business Plan <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Partial, Needs Work
Income generated by Business <input checked="" type="radio"/> Main Source of Income <input type="radio"/> Supplementary Income <input type="radio"/> Unknown at this time	Gross Income Generated by Business <i>(for existing firms only)</i> \$ <u>0.00</u> 2014 (annually) \$ <u>5000</u> 2015 (annually)	Number of employees <i>(excluding yourself)</i> Full time <u>1</u> Part time <u>0</u>
Gender <input type="radio"/> Female <input checked="" type="radio"/> Male DOB: <u>08</u> / <u>11</u> / <u>1967</u>	Ethnicity/Race Group <input checked="" type="radio"/> Black/African American <input type="radio"/> Hispanic <input type="radio"/> Asian <input type="radio"/> Native American <input type="radio"/> Other	Employment Status <input type="radio"/> Employed Full Time <input type="radio"/> Employed Part Time <input checked="" type="radio"/> Self Employed Full Time <input type="radio"/> Self Employed Part Time <input type="radio"/> Unemployed

Client Signature: Akili Graham

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Houston Area
Urban League

Entrepreneurship Center Intake Form A Business Incubator for the Urban Entrepreneur

Last Name BROOKS	First Name ASHLEY
Company Name iDeal Grub/Simplicity HR Consulting	Type of Business Mobile App and Consulting Services
Street 7373 Ardmore	City Houston
State Texas	Zip Code 77054
Office Number 832-699-2667	Fax Number
Mobile Number 678-472-2121	Date 8/15/2016
E-mail ashley@simplicityhrconsulting.com	Web Site

Stage of Business <input type="radio"/> Thinking of Starting a Business <input checked="" type="radio"/> In Process of Starting or Acquiring a Business <input type="radio"/> Currently own a business in operation for less than 1 year <input type="radio"/> Currently own a business in operation for 1 to 5 years <input type="radio"/> Currently own a business in operation for more than 5 years	Form of Business <input type="radio"/> Sole Proprietorship <input checked="" type="radio"/> Using Own Name Filed D.B.A. <input type="radio"/> Partnership <input type="radio"/> Corporation <input type="radio"/> Regular <input type="radio"/> S-Corporation <input type="radio"/> LLC <input type="radio"/> Non Profit <input type="radio"/> Unknown at this time	Type of Business <input type="radio"/> Retail <input checked="" type="radio"/> Service <input type="radio"/> Wholesale, Distribution <input type="radio"/> Manufacturing <input type="radio"/> Construction <input type="radio"/> Finance, Insurance, Real Estate <input type="radio"/> Unknown at this time
MWBE Certification Status <input type="radio"/> Certified <input type="radio"/> Application in Process <input type="radio"/> Certification Denied <input checked="" type="radio"/> Have Not Applied <input type="radio"/> Not Eligible	Business Facility <input checked="" type="radio"/> Home Based <input type="radio"/> Own Outside Facility <input type="radio"/> Rent Outside Facility <input type="radio"/> Unknown at this time	Useable Business Plan <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Partial, Needs Work
Income generated by Business <input type="radio"/> Main Source of Income <input checked="" type="radio"/> Supplementary Income <input type="radio"/> Unknown at this time	Gross Income Generated by Business <i>(for existing firms only)</i> \$ _____ 2014 (annually) \$ <u>700</u> 2015 <u>(2016)</u> (annually)	Number of employees <i>(excluding yourself)</i> Full time <u>0</u> Part time <u>0</u>
Gender <input checked="" type="radio"/> Female <input type="radio"/> Male DOB: <u>06</u> / <u>21</u> / <u>1984</u>	Ethnicity/Race Group <input checked="" type="radio"/> Black/African American <input type="radio"/> Hispanic <input type="radio"/> Asian <input type="radio"/> Native American <input type="radio"/> Other	Employment Status <input checked="" type="radio"/> Employed Full Time <input type="radio"/> Employed Part Time <input type="radio"/> Self Employed Full Time <input type="radio"/> Self Employed Part Time <input type="radio"/> Unemployed

Client Signature: Ashley R. Brooks

Please email this form to LNorwood@lreneilc.com or fax to (713) 393-8774



Houston Area
Urban League

Entrepreneurship Center Intake Form A Business Incubator for the Urban Entrepreneur

Last Name Hughes	First Name Ashley
Company Name	Type of Business Mobile App
Street 3363 Mccue Rd	City Houston
State Houston TX	Zip Code TX
Office Number	Fax Number
Mobile Number 6015664610	Date
E-mail ashley.l.hughes@gmail.com	Web Site

Stage of Business <input checked="" type="radio"/> Thinking of Starting a Business <input type="radio"/> In Process of Starting or Acquiring a Business <input type="radio"/> Currently own a business in operation for less than 1 year <input type="radio"/> Currently own a business in operation for 1 to 5 years <input type="radio"/> Currently own a business in operation for more than 5 years	Form of Business <input type="radio"/> Sole Proprietorship <input type="radio"/> Using Own Name <input type="radio"/> Filed D.B.A. <input type="radio"/> Partnership <input type="radio"/> Corporation <input type="radio"/> Regular <input type="radio"/> S-Corporation <input type="radio"/> LLC <input type="radio"/> Non Profit <input checked="" type="radio"/> Unknown at this time	Type of Business <input type="radio"/> Retail <input checked="" type="radio"/> Service <input type="radio"/> Wholesale, Distribution <input type="radio"/> Manufacturing <input type="radio"/> Construction <input type="radio"/> Finance, Insurance, Real Estate <input type="radio"/> Unknown at this time
MWBE Certification Status <input type="radio"/> Certified <input type="radio"/> Application in Process <input type="radio"/> Certification Denied <input checked="" type="radio"/> Have Not Applied <input type="radio"/> Not Eligible	Business Facility <input type="radio"/> Home Based <input type="radio"/> Own Outside Facility <input type="radio"/> Rent Outside Facility <input checked="" type="radio"/> Unknown at this time	Useable Business Plan <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Partial, Needs Work
Income generated by Business <input type="radio"/> Main Source of Income <input type="radio"/> Supplementary Income <input checked="" type="radio"/> Unknown at this time	Gross Income Generated by Business <i>(for existing firms only)</i> \$ _____ 2014 (annually) \$ 3000 2015 (annually)	Number of employees <i>(excluding yourself)</i> Full time <u> 0 </u> Part time <u> 0 </u>
Gender <input checked="" type="radio"/> Female <input type="radio"/> Male DOB: <u>06</u> / <u>03</u> / <u>1985</u>	Ethnicity/Race Group <input checked="" type="radio"/> Black/African American <input type="radio"/> Hispanic <input type="radio"/> Asian <input type="radio"/> Native American <input type="radio"/> Other	Employment Status <input checked="" type="radio"/> Employed Full Time <input type="radio"/> Employed Part Time <input type="radio"/> Self Employed Full Time <input type="radio"/> Self Employed Part Time <input type="radio"/> Unemployed

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Houston Area
Urban League

Entrepreneurship Center Intake Form A Business Incubator for the Urban Entrepreneur

Last Name Honore	First Name AJ
Company Name Engreen Power & Light, LLC	Type of Business LED Distribution/Energy Broker
Street 162 Kings Way	City Stafford
State TX	Zip Code 77477
Office Number 832-319-7000	Fax Number 281-929-0423
Mobile Number 832-755-1455	Date 08/23/2016
E-mail support@engreenpower.com	Web Site www.engreenpower.com

Stage of Business <input type="radio"/> Thinking of Starting a Business <input type="radio"/> In Process of Starting or Acquiring a Business <input checked="" type="radio"/> Currently own a business in operation for less than 1 year <input type="radio"/> Currently own a business in operation for 1 to 5 years <input type="radio"/> Currently own a business in operation for more than 5 years	Form of Business <input type="radio"/> Sole Proprietorship <input type="radio"/> Using Own Name <input type="radio"/> Filed D.B.A. <input type="radio"/> Partnership <input type="radio"/> Corporation <input type="radio"/> Regular <input type="radio"/> S-Corporation <input type="radio"/> LLC <input type="radio"/> Non Profit <input type="radio"/> Unknown at this time	Type of Business <input type="radio"/> Retail <input type="radio"/> Service <input checked="" type="radio"/> Wholesale, Distribution <input type="radio"/> Manufacturing <input type="radio"/> Construction <input type="radio"/> Finance, Insurance, Real Estate <input type="radio"/> Unknown at this time
MWBE Certification Status <input type="radio"/> Certified <input checked="" type="radio"/> Application in Process <input type="radio"/> Certification Denied <input type="radio"/> Have Not Applied <input type="radio"/> Not Eligible	Business Facility <input checked="" type="radio"/> Home Based <input type="radio"/> Own Outside Facility <input type="radio"/> Rent Outside Facility <input type="radio"/> Unknown at this time	Useable Business Plan <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Partial, Needs Work
Income generated by Business <input checked="" type="radio"/> Main Source of Income <input type="radio"/> Supplementary Income <input type="radio"/> Unknown at this time	Gross Income Generated by Business (for existing firms only) \$ _____ 2014 (annually) \$ _____ 2015 (annually) \$ <u>85,000</u> 2016	Number of employees (excluding yourself) Full time <u> 2 </u> Part time <u> 2 </u>
Gender <input type="radio"/> Female <input checked="" type="radio"/> Male DOB: <u>05</u> / <u>13</u> / <u>1958</u>	Ethnicity/Race Group <input checked="" type="radio"/> Black/African American <input type="radio"/> Hispanic <input type="radio"/> Asian <input type="radio"/> Native American <input type="radio"/> Other	Employment Status <input checked="" type="radio"/> Employed Full Time <input type="radio"/> Employed Part Time <input type="radio"/> Self Employed Full Time <input type="radio"/> Self Employed Part Time <input type="radio"/> Unemployed

Client Signature:

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Houston Area
Urban League

Entrepreneurship Center Intake Form A Business Incubator for the Urban Entrepreneur

Last Name Marshall	First Name Brenda
Company Name The Panglossian Group LLC	Type of Business Training, Consulting, Coaching
Street 3910 Gertin St.	City Houston
State Texas	Zip Code 77004
Office Number 713.807.8563	Fax Number
Mobile Number 713.828.6221	Date 8.16.16
E-mail Brendamarshall@sbcglobal.net	Web Site

Stage of Business <input type="radio"/> Thinking of Starting a Business <input checked="" type="radio"/> In Process of Starting or Acquiring a Business <input type="radio"/> Currently own a business in operation for less than 1 year <input type="radio"/> Currently own a business in operation for 1 to 5 years <input type="radio"/> Currently own a business in operation for more than 5 years	Form of Business <input type="radio"/> Sole Proprietorship <input type="radio"/> Using Own Name Filed D.B.A. <input type="radio"/> Partnership <input type="radio"/> Corporation <input type="radio"/> Regular <input type="radio"/> S-Corporation <input checked="" type="radio"/> LLC <input type="radio"/> Non Profit <input type="radio"/> Unknown at this time	Type of Business <input type="radio"/> Retail <input checked="" type="radio"/> Service <input type="radio"/> Wholesale, Distribution <input type="radio"/> Manufacturing <input type="radio"/> Construction <input type="radio"/> Finance, Insurance, Real Estate <input type="radio"/> Unknown at this time
MWBE Certification Status <input type="radio"/> Certified <input type="radio"/> Application in Process <input type="radio"/> Certification Denied <input checked="" type="radio"/> Have Not Applied <input type="radio"/> Not Eligible	Business Facility <input checked="" type="radio"/> Home Based <input type="radio"/> Own Outside Facility <input type="radio"/> Rent Outside Facility <input type="radio"/> Unknown at this time	Useable Business Plan <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Partial, Needs Work
Income generated by Business <input type="radio"/> Main Source of Income <input type="radio"/> Supplementary Income <input checked="" type="radio"/> Unknown at this time	Gross Income Generated by Business (for existing firms only) \$ _____ 2014 (annually) \$ _____ 2015 (annually) \$ <u>300</u> 2016	Number of employees (excluding yourself) Full time <u>1</u> Part time <u>0</u>
Gender <input checked="" type="radio"/> Female <input type="radio"/> Male DOB: <u>11</u> / <u>15</u> / 1955	Ethnicity/Race Group <input checked="" type="radio"/> Black/African American <input type="radio"/> Hispanic <input type="radio"/> Asian <input type="radio"/> Native American <input type="radio"/> Other	Employment Status <input type="radio"/> Employed Full Time <input type="radio"/> Employed Part Time <input type="radio"/> Self Employed Full Time <input type="radio"/> Self Employed Part Time <input checked="" type="radio"/> Unemployed

Client Signature: *Brenda Marshall*

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Houston Area
Urban League

Entrepreneurship Center Intake Form A Business Incubator for the Urban Entrepreneur

Last Name Joe	First Name Bridgett
Company Name S. Charles Public Relations	
Street 3000 Shypps Rd. Suite C107	City Houston
State Texas	Zip Code 77021
Office Number 832-649-2617	Fax Number
Mobile Number 713-498-0552	Date August 25, 2016
E-mail bhjoe@scprelations.com	Web Site www.scprelations.com

Stage of Business <input type="radio"/> Thinking of Starting a Business <input type="radio"/> In Process of Starting or Acquiring a Business <input type="radio"/> Currently own a business in operation for less than 1 year <input type="radio"/> Currently own a business in operation for 1 to 5 years <input checked="" type="radio"/> Currently own a business in operation for more than 5 years	Form of Business <input checked="" type="radio"/> Sole Proprietorship <input type="radio"/> Using Own Name <input type="radio"/> Filed D.B.A. <input type="radio"/> Partnership <input type="radio"/> Corporation <input type="radio"/> Regular <input type="radio"/> S-Corporation <input type="radio"/> LLC <input type="radio"/> Non Profit <input type="radio"/> Unknown at this time	Type of Business <input type="radio"/> Retail <input checked="" type="radio"/> Service <input type="radio"/> Wholesale, Distribution <input type="radio"/> Manufacturing <input type="radio"/> Construction <input type="radio"/> Finance, Insurance, Real Estate <input type="radio"/> Unknown at this time
MWBE Certification Status <input type="radio"/> Certified <input checked="" type="radio"/> Application in Process <input type="radio"/> Certification Denied <input type="radio"/> Have Not Applied <input type="radio"/> Not Eligible	Business Facility <input type="radio"/> Home Based <input type="radio"/> Own Outside Facility <input checked="" type="radio"/> Rent Outside Facility <input type="radio"/> Unknown at this time	Useable Business Plan <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Partial, Needs Work
Income generated by Business <input checked="" type="radio"/> Main Source of Income <input type="radio"/> Supplementary Income <input type="radio"/> Unknown at this time	Gross Income Generated by Business (for existing firms only) \$20,000 _____ 2014 (annually) \$45,000 _____ 2015 (annually)	Number of employees (excluding yourself) Full time _____ Part time ² _____
Gender <input checked="" type="radio"/> Female <input type="radio"/> Male DOB: 10 / 22 / 1969	Ethnicity/Race Group <input checked="" type="radio"/> Black/African American <input type="radio"/> Hispanic <input type="radio"/> Asian <input type="radio"/> Native American <input type="radio"/> Other	Employment Status <input type="radio"/> Employed Full Time <input type="radio"/> Employed Part Time <input checked="" type="radio"/> Self Employed Full Time <input type="radio"/> Self Employed Part Time <input type="radio"/> Unemployed

Client Signature: Bridgett S. Joe

Please email this form to LNorwood@lreneellc.com or fax to (713) 393-8774



Houston Area
Urban League

Entrepreneurship Center Intake Form A Business Incubator for the Urban Entrepreneur

Last Name Robinson	First Name Carl
Company Name DBT Environmental Health and Safety Risk Management	Type of Business EHS Consulting Risk Management
Street 2707 Heatherbend Dr	City Pearland
State Texas	Zip Code 77584
Office Number 281-485-8386	Fax Number 281-485-8388
Mobile Number 281-830-2775	Date August 5, 2016
E-mail den.bell-robins@sbcglobal.net	Web Site

Stage of Business <input type="radio"/> Thinking of Starting a Business <input type="radio"/> In Process of Starting or Acquiring a Business <input checked="" type="radio"/> Currently own a business in operation for less than 1 year <input type="radio"/> Currently own a business in operation for 1 to 5 years <input type="radio"/> Currently own a business in operation for more than 5 years	Form of Business <input checked="" type="radio"/> Sole Proprietorship <input type="radio"/> Using Own Name Filed D.B.A. <input type="radio"/> Partnership <input type="radio"/> Corporation <input type="radio"/> Regular <input type="radio"/> S-Corporation <input type="radio"/> LLC <input type="radio"/> Non Profit <input type="radio"/> Unknown at this time	Type of Business <input type="radio"/> Retail <input checked="" type="radio"/> Service <input type="radio"/> Wholesale, Distribution <input type="radio"/> Manufacturing <input type="radio"/> Construction <input type="radio"/> Finance, Insurance, Real Estate <input type="radio"/> Unknown at this time
MWBE Certification Status <input type="radio"/> Certified <input checked="" type="radio"/> Application in Process <input type="radio"/> Certification Denied <input type="radio"/> Have Not Applied <input type="radio"/> Not Eligible	Business Facility <input checked="" type="radio"/> Home Based <input type="radio"/> Own Outside Facility <input type="radio"/> Rent Outside Facility <input type="radio"/> Unknown at this time	Useable Business Plan <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Partial, Needs Work
Income generated by Business <input type="radio"/> Main Source of Income <input type="radio"/> Supplementary Income <input checked="" type="radio"/> Unknown at this time	Gross Income Generated by Business (for existing firms only) \$ _____ 2014 \$ <u>20,000</u> (annually) 2015 (2016) (annually)	Number of employees (excluding yourself) Full time <u>2</u> Part time _____
Gender <input type="radio"/> Female <input checked="" type="radio"/> Male DOB: <u>12</u> / <u>09</u> / 1960	Ethnicity/Race Group <input checked="" type="radio"/> Black/African American <input type="radio"/> Hispanic <input type="radio"/> Asian <input type="radio"/> Native American <input type="radio"/> Other	Employment Status <input checked="" type="radio"/> Employed Full Time <input type="radio"/> Employed Part Time <input type="radio"/> Self Employed Full Time <input type="radio"/> Self Employed Part Time <input type="radio"/> Unemployed

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Houston Area
Urban League

Entrepreneurship Center Intake Form A Business Incubator for the Urban Entrepreneur

Last Name Williams	First Name Christopher
Company Name BPM Music Group LLC / Time	Type of Business Music Management
Street 2726 Bissonnet 240-336	City Houston
State Texas	Zip Code 77005
Office Number 832-535-2300	Fax Number www.time2smileusa.com
Mobile Number 832-525-2300	Date 8/25/16
E-mail bpmmusicgroupllc@gmail.com	Web Site www.bpmmusicaroupllc.com

<p>Stage of Business</p> <p><input type="radio"/> Thinking of Starting a Business</p> <p><input type="radio"/> In Process of Starting or Acquiring a Business</p> <p><input type="radio"/> Currently own a business in operation for less than 1 year</p> <p><input checked="" type="radio"/> Currently own a business in operation for 1 to 5 years</p> <p><input type="radio"/> Currently own a business in operation for more than 5 years</p>	<p>Form of Business</p> <p><input type="radio"/> Sole Proprietorship</p> <p style="padding-left: 20px;"><input type="radio"/> Using Own Name <input type="radio"/> Filed D.B.A.</p> <p><input type="radio"/> Partnership</p> <p><input type="radio"/> Corporation</p> <p style="padding-left: 20px;"><input type="radio"/> Regular</p> <p style="padding-left: 20px;"><input type="radio"/> S-Corporation</p> <p style="padding-left: 20px;"><input checked="" type="radio"/> LLC</p> <p style="padding-left: 20px;"><input type="radio"/> Non Profit</p> <p><input type="radio"/> Unknown at this time</p>	<p>Type of Business</p> <p><input type="radio"/> Retail</p> <p><input checked="" type="radio"/> Service</p> <p><input type="radio"/> Wholesale, Distribution</p> <p><input type="radio"/> Manufacturing</p> <p><input type="radio"/> Construction</p> <p><input type="radio"/> Finance, Insurance, Real Estate</p> <p><input type="radio"/> Unknown at this time</p>
<p>MWBE Certification Status</p> <p><input type="radio"/> Certified</p> <p><input type="radio"/> Application in Process</p> <p><input type="radio"/> Certification Denied</p> <p><input checked="" type="radio"/> Have Not Applied</p> <p><input type="radio"/> Not Eligible</p>	<p>Business Facility</p> <p><input type="radio"/> Home Based</p> <p><input type="radio"/> Own Outside Facility</p> <p><input checked="" type="radio"/> Rent Outside Facility</p> <p><input type="radio"/> Unknown at this time</p>	<p>Useable Business Plan</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> Partial, Needs Work</p>
<p>Income generated by Business</p> <p><input type="radio"/> Main Source of Income</p> <p><input checked="" type="radio"/> Supplementary Income</p> <p><input type="radio"/> Unknown at this time</p>	<p>Gross Income Generated by Business <i>(for existing firms only)</i></p> <p>\$ <u>125,000</u> 2014 (annually)</p> <p>\$ <u>131,000</u> 2015 (annually)</p>	<p>Number of employees <i>(excluding yourself)</i></p> <p>Full time <u>1</u></p> <p>Part time <u>3</u></p>
<p>Gender</p> <p><input type="radio"/> Female</p> <p><input checked="" type="radio"/> Male</p> <p>DOB: <u>01</u> / <u>05</u> / <u>73</u></p>	<p>Ethnicity/Race Group</p> <p><input checked="" type="radio"/> Black/African American</p> <p><input type="radio"/> Hispanic</p> <p><input type="radio"/> Asian</p> <p><input type="radio"/> Native American</p> <p><input type="radio"/> Other</p>	<p>Employment Status</p> <p><input checked="" type="radio"/> Employed Full Time</p> <p><input type="radio"/> Employed Part Time</p> <p><input type="radio"/> Self Employed Full Time</p> <p><input type="radio"/> Self Employed Part Time</p> <p><input type="radio"/> Unemployed</p>

Client Signature:

Please email this form to LNorwood@lreneellc.com or fax to (713) 393-8774



Houston Area
Urban League

A Business Incubator for the Urban Entrepreneur

Last Name Zeno	First Name Darrell
Street 2911 Coyote Trail Ct.	City Missouri City
State Texas	Zip Code 77459
Office Number see mobile	Fax Number N/A
Mobile Number 832-434-3398	Date 8/25/2016
EMAIL <u>darrell.zeno@hotmail.com</u>	
WEB SITE <u>www.zenosdesserts.com</u>	

Stage of Business <input type="radio"/> Thinking of Starting a Business <input checked="" type="radio"/> In Process of Starting or Acquiring a Business <input type="radio"/> Currently own a business in operation for less than 1 year <input checked="" type="radio"/> Currently own a business in operation for 1 to 5 years <input type="radio"/> Currently own a business in operation for more than 5 years	Form of Business <input checked="" type="radio"/> Sole Proprietorship <input type="radio"/> Partnership <input type="radio"/> Corporation <input type="radio"/> Regular <input type="radio"/> LLC <input type="radio"/> Non Profit <input type="radio"/> Unknown at this time	Type of Business <input checked="" type="checkbox"/> Retail <input type="checkbox"/> Service <input type="checkbox"/> Wholesale, Distribution <input type="checkbox"/> Manufacturing <input type="checkbox"/> Construction <input type="checkbox"/> Unknown at this time
MWBE Certification Status <input type="radio"/> Certified <input type="radio"/> Certification Denied <input type="radio"/> Have Not Applied <input checked="" type="radio"/> Not Eligible	Business Facility <input checked="" type="radio"/> Home Based <input type="radio"/> Rent Outside Facility <input type="radio"/> Unknown at this time	Useable Business Plan <input type="radio"/> Yes <input checked="" type="radio"/> Partial, Needs Work
Income generated by Business <input checked="" type="radio"/> Supplementary Income <input type="radio"/> Unknown at this time	Gross Income Generated by \$ 10,400 2014 (annually) \$ 12,500 2015	Number of employees Full time <u>1</u> Part time <u>0</u>
Gender <input type="radio"/> Female <input checked="" type="radio"/> Male DOB: <u>12</u> / <u>22</u> / <u>1971</u>	Ethnicity/Race Group <input checked="" type="radio"/> Black/African American <input type="radio"/> Asian <input type="radio"/> Native American <input type="radio"/> Other	Employment Status <input checked="" type="radio"/> Employed Full Time <input type="radio"/> Self employed full time <input type="radio"/> Self Employed Part Time <input type="radio"/> Unemployed

Darrell S. Zeno



Houston Area
Urban League

Entrepreneurship Center Intake Form A Business Incubator for the Urban Entrepreneur

Last Name Robinson	First Name Denelia
Company Name DBT Environmental Health and Safety Risk Management	Type of Business EHS Consulting Risk Management
Street 2707 Heatherbend Dr.	City Pearland
State Texas	Zip Code 77584
Office Number 281-485-6386	Fax Number 281-485-6386
Mobile Number 281-830-2775	Date August 5, 2016
E-mail den.bell-robins@sbcglobal.net	Web Site

Stage of Business <input type="radio"/> Thinking of Starting a Business <input type="radio"/> In Process of Starting or Acquiring a Business <input checked="" type="radio"/> Currently own a business in operation for less than 1 year <input type="radio"/> Currently own a business in operation for 1 to 5 years <input type="radio"/> Currently own a business in operation for more than 5 years	Form of Business <input checked="" type="radio"/> Sole Proprietorship <input type="radio"/> Using Own Name Filed D.B.A. <input type="radio"/> Partnership <input type="radio"/> Corporation <input type="radio"/> Regular <input type="radio"/> S-Corporation <input type="radio"/> LLC <input type="radio"/> Non Profit <input type="radio"/> Unknown at this time	Type of Business <input type="radio"/> Retail <input checked="" type="radio"/> Service <input type="radio"/> Wholesale, Distribution <input type="radio"/> Manufacturing <input type="radio"/> Construction <input type="radio"/> Finance, Insurance, Real Estate <input type="radio"/> Unknown at this time
MWBE Certification Status <input type="radio"/> Certified <input checked="" type="radio"/> Application in Process <input type="radio"/> Certification Denied <input type="radio"/> Have Not Applied <input type="radio"/> Not Eligible	Business Facility <input checked="" type="radio"/> Home Based <input type="radio"/> Own Outside Facility <input type="radio"/> Rent Outside Facility <input type="radio"/> Unknown at this time	Useable Business Plan <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Partial, Needs Work
Income generated by Business <input type="radio"/> Main Source of Income <input type="radio"/> Supplementary Income <input checked="" type="radio"/> Unknown at this time	Gross Income Generated by Business <i>(for existing firms only)</i> \$ _____ 2014 (annually) \$ <u>20000</u> 2015 <u>(2016)</u> (annually)	Number of employees <i>(excluding yourself)</i> Full time <u>2</u> Part time _____
Gender <input checked="" type="radio"/> Female <input type="radio"/> Male DOB: <u>05</u> / <u>28</u> / <u>1961</u>	Ethnicity/Race Group <input checked="" type="radio"/> Black/African American <input type="radio"/> Hispanic <input type="radio"/> Asian <input type="radio"/> Native American <input type="radio"/> Other	Employment Status <input checked="" type="radio"/> Employed Full Time <input type="radio"/> Employed Part Time <input type="radio"/> Self Employed Full Time <input type="radio"/> Self Employed Part Time <input type="radio"/> Unemployed

Client Signature:

Please email this form to LNorwood@ireneellc.com or fax to (713) 393-8774



Houston Area
Urban League

Entrepreneurship Center Intake Form A Business Incubator for the Urban Entrepreneur

Last Name <u>ROBERTSON, Ed. D.</u>	First Name <u>Guylene</u>
Company Name <u>PTI Sports + Recreation</u>	Type of Business <u>Sports + Recreation</u>
Street <u>248 Woodsy Hollow</u>	City <u>Goodrich</u>
State <u>TX</u>	Zip Code <u>77335</u>
Office Number <u>936-756-7529</u>	Fax Number <u>936-365-4655</u>
Mobile Number <u>936-623-0870</u>	Date <u>8-17-16</u>
E-mail <u>guylene@ptiexperts.com</u>	Web Site <u>ptiexperts.com</u>

*Best to reach**

Construct

Stage of Business <input checked="" type="radio"/> Thinking of Starting a Business <input type="radio"/> In Process of Starting or Acquiring a Business <input type="radio"/> Currently own a business in operation for less than 1 year <input type="radio"/> Currently own a business in operation for 1 to 5 years <input checked="" type="radio"/> Currently own a business in operation for more than 5 years	Form of Business <input checked="" type="radio"/> Sole Proprietorship <input type="radio"/> Using Own Name Filed D.B.A. <input type="radio"/> Partnership <input checked="" type="radio"/> Corporation <input type="radio"/> Regular <input type="radio"/> S-Corporation <input type="radio"/> LLC <input type="radio"/> Non Profit <input type="radio"/> Unknown at this time	Type of Business <input checked="" type="radio"/> Retail <input type="radio"/> Service <input type="radio"/> Wholesale, Distribution <input type="radio"/> Manufacturing <input checked="" type="radio"/> Construction <input type="radio"/> Finance, Insurance, Real Estate <input type="radio"/> Unknown at this time
MWBE Certification Status <input type="radio"/> Certified <input type="radio"/> Application in Process <input type="radio"/> Certification Denied <input type="radio"/> Have Not Applied <input checked="" type="radio"/> Not Eligible	Business Facility <input checked="" type="radio"/> Home Based <input type="radio"/> Own Outside Facility <input type="radio"/> Rent Outside Facility <input type="radio"/> Unknown at this time	Useable Business Plan <input checked="" type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Partial, Needs Work
Income generated by Business <input checked="" type="radio"/> Main Source of Income <input type="radio"/> Supplementary Income <input type="radio"/> Unknown at this time	Gross Income Generated by Business (for existing firms only) \$ <u>350,000</u> 2014 (annually) \$ <u>373,000</u> 2015 (annually)	Number of employees (excluding yourself) Full time <u>5</u> Part time <u>6</u> <i>Seasonal</i>
Gender <input checked="" type="radio"/> Female <input type="radio"/> Male DOB: <u>11/03/1956</u>	Ethnicity/Race Group <input checked="" type="radio"/> Black/African American <input type="radio"/> Hispanic <input type="radio"/> Asian <input type="radio"/> Native American <input checked="" type="radio"/> Other	Employment Status <input checked="" type="radio"/> Employed Full Time <input type="radio"/> Employed Part Time <input checked="" type="radio"/> Self Employed Full Time <input type="radio"/> Self Employed Part Time <input type="radio"/> Unemployed

Client Signature:

Guylene Robertson

Thanks so much for the possible opportunity

Please email this form to LNorwood@ireneellc.com or fax to (713) 393-8774





Houston Area
Urban League

Entrepreneurship Center Intake Form A Business Incubator for the Urban Entrepreneur

Last Name James	First Name Mosely
Company Name Supreme Crane and Rigging L.L.C.	Type of Business Crane Rental Service
Street 1438 North Market Loop	City Baytown
State TX.	Zip Code 77520
Office Number 281.974.8255	Fax Number 832.941.1149
Mobile Number 281.961.5198	Date 8/25/2016
E-mail mosely_james@yahoo.com	Web Site

Stage of Business <input type="radio"/> Thinking of Starting a Business <input type="radio"/> In Process of Starting or Acquiring a Business <input checked="" type="radio"/> Currently own a business in operation for less than 1 year <input type="radio"/> Currently own a business in operation for 1 to 5 years <input type="radio"/> Currently own a business in operation for more than 5 years	Form of Business <input type="radio"/> Sole Proprietorship <input type="radio"/> Using Own Name Filed D.B.A. <input type="radio"/> Partnership <input type="radio"/> Corporation <input type="radio"/> Regular <input type="radio"/> S-Corporation <input checked="" type="radio"/> LLC <input type="radio"/> Non Profit <input type="radio"/> Unknown at this time	Type of Business <input type="radio"/> Retail <input checked="" type="radio"/> Service <input type="radio"/> Wholesale, Distribution <input type="radio"/> Manufacturing <input type="radio"/> Construction <input type="radio"/> Finance, Insurance, Real Estate <input type="radio"/> Unknown at this time
MWBE Certification Status <input type="radio"/> Certified <input checked="" type="radio"/> Application in Process <input type="radio"/> Certification Denied <input type="radio"/> Have Not Applied <input type="radio"/> Not Eligible	Business Facility <input type="radio"/> Home Based <input checked="" type="radio"/> Own Outside Facility <input type="radio"/> Rent Outside Facility <input type="radio"/> Unknown at this time	Useable Business Plan <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Partial, Needs Work
Income generated by Business <input checked="" type="radio"/> Main Source of Income <input type="radio"/> Supplementary Income <input type="radio"/> Unknown at this time	Gross Income Generated by Business <i>(for existing firms only)</i> \$ _____ 2014 (annually) \$ <u>111,783.00</u> 2015 (annually)	Number of employees <i>(excluding yourself)</i> Full time <u>3</u> Part time _____
Gender <input type="radio"/> Female <input checked="" type="radio"/> Male DOB: <u>06</u> / <u>04</u> / 1960	Ethnicity/Race Group <input checked="" type="radio"/> Black/African American <input type="radio"/> Hispanic <input type="radio"/> Asian <input type="radio"/> Native American <input type="radio"/> Other	Employment Status <input type="radio"/> Employed Full Time <input type="radio"/> Employed Part Time <input checked="" type="radio"/> Self Employed Full Time <input type="radio"/> Self Employed Part Time <input type="radio"/> Unemployed

Client Signature:

Please email this form to LNorwood@lreneilc.com or fax to (713) 393-8774



Houston Area
Urban League

Entrepreneurship Center Intake Form

A Business Incubator for the Urban Entrepreneur

Last Name Youngers	First Name James
Company Name Got Dirty Blinds?	Type of Business Specialty Cleaning / Service
Street 11122 Braes Forest	City Houston
State TX	Zip Code 77071
Office Number 832-986-8457	Fax Number 713-729-6833
Mobile Number 832-289-7514	Date 8-17-16
E-mail Service@GotDirtyBlinds.net	Web Site GotDirtyBlinds.net

Stage of Business <input checked="" type="radio"/> Thinking of Starting a Business <input type="radio"/> In Process of Starting or Acquiring a Business <input type="radio"/> Currently own a business in operation for less than 1 year <input type="radio"/> Currently own a business in operation for 1 to 5 years <input type="radio"/> Currently own a business in operation for more than 5 years	Form of Business <input type="radio"/> Sole Proprietorship <input type="radio"/> Using Own Name Filed D.B.A. <input type="radio"/> Partnership <input type="radio"/> Corporation <input type="radio"/> Regular <input checked="" type="radio"/> S-Corporation <input type="radio"/> LLC <input type="radio"/> Non Profit <input type="radio"/> Unknown at this time	Type of Business <input type="radio"/> Retail <input checked="" type="radio"/> Service <input type="radio"/> Wholesale, Distribution <input type="radio"/> Manufacturing <input type="radio"/> Construction <input type="radio"/> Finance, Insurance, Real Estate <input type="radio"/> Unknown at this time
MWBE Certification Status <input type="radio"/> Certified <input checked="" type="radio"/> Application in Process <input type="radio"/> Certification Denied <input type="radio"/> Have Not Applied <input type="radio"/> Not Eligible	Business Facility <input checked="" type="radio"/> Home Based <input type="radio"/> Own Outside Facility <input type="radio"/> Rent Outside Facility <input type="radio"/> Unknown at this time	Useable Business Plan <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Partial, Needs Work
Income generated by Business <input type="radio"/> Main Source of Income <input checked="" type="radio"/> Supplementary Income <input type="radio"/> Unknown at this time	Gross Income Generated by Business (for existing firms only) \$ <u>20000 (appx)</u> 2014 (annually) \$ <u>30000 (appx)</u> 2015 (annually)	Number of employees (excluding yourself) Full time _____ Part time <u>1</u>
Gender <input checked="" type="radio"/> Female <input type="radio"/> Male DOB: <u>4</u> / <u>3</u> / <u>67</u>	Ethnicity/Race Group <input type="radio"/> Black/African American <input type="radio"/> Hispanic <input type="radio"/> Asian <input type="radio"/> Native American <input checked="" type="radio"/> Other	Employment Status <input checked="" type="radio"/> Employed Full Time <input type="radio"/> Employed Part Time <input type="radio"/> Self Employed Full Time <input type="radio"/> Self Employed Part Time <input type="radio"/> Unemployed

Client Signature: James Youngers (electronically signed on 8-17-16 at 10:2)

Please email this form to LNorwood@lreneilc.com or fax to (713) 393-8774



Houston Area
Urban League

Entrepreneurship Center Intake Form A Business Incubator for the Urban Entrepreneur

Last Name Harris	First Name Johnny
Company Name Glistening Spaces, Inc. DBA Deluxe Cleaning Concepts	Type of Business Janitorial & Construction Clean Up
Street 6910 Hockley Garden Ln	City Houston
State TX	Zip Code 77049
Office Number (832) 978-2018	Fax Number (281) 454-2020
Mobile Number (832) 640-5656	Date August 25, 2016
E-mail johnny@deluxecleaningconcepts.com	Web Site www.deluxecleaningconcepts.com

<p>Stage of Business</p> <p><input type="radio"/> Thinking of Starting a Business</p> <p><input type="radio"/> In Process of Starting or Acquiring a Business</p> <p><input type="radio"/> Currently own a business in operation for less than 1 year</p> <p><input type="radio"/> Currently own a business in operation for 1 to 5 years</p> <p><input checked="" type="radio"/> Currently own a business in operation for more than 5 years</p>	<p>Form of Business</p> <p><input type="radio"/> Sole Proprietorship</p> <p style="padding-left: 20px;"><input type="radio"/> Using Own Name Filed D.B.A.</p> <p><input type="radio"/> Partnership</p> <p><input type="radio"/> Corporation</p> <p style="padding-left: 20px;"><input type="radio"/> Regular</p> <p style="padding-left: 20px;"><input checked="" type="radio"/> S-Corporation</p> <p style="padding-left: 20px;"><input type="radio"/> LLC</p> <p style="padding-left: 20px;"><input type="radio"/> Non Profit</p> <p><input type="radio"/> Unknown at this time</p>	<p>Type of Business</p> <p><input type="radio"/> Retail</p> <p><input checked="" type="radio"/> Service</p> <p><input type="radio"/> Wholesale, Distribution</p> <p><input type="radio"/> Manufacturing</p> <p><input type="radio"/> Construction</p> <p><input type="radio"/> Finance, Insurance, Real Estate</p> <p><input type="radio"/> Unknown at this time</p>
<p>MWBE Certification Status</p> <p><input checked="" type="radio"/> Certified</p> <p><input type="radio"/> Application in Process</p> <p><input type="radio"/> Certification Denied</p> <p><input type="radio"/> Have Not Applied</p> <p><input type="radio"/> Not Eligible</p>	<p>Business Facility</p> <p><input checked="" type="radio"/> Home Based</p> <p><input type="radio"/> Own Outside Facility</p> <p><input type="radio"/> Rent Outside Facility</p> <p><input type="radio"/> Unknown at this time</p>	<p>Useable Business Plan</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> Partial, Needs Work</p>
<p>Income generated by Business</p> <p><input checked="" type="radio"/> Main Source of Income</p> <p><input type="radio"/> Supplementary Income</p> <p><input type="radio"/> Unknown at this time</p>	<p>Gross Income Generated by Business (for existing firms only)</p> <p>\$ 117,561 _____ 2014 (annually)</p> <p>\$ 302,388 _____ 2015 (annually)</p>	<p>Number of employees (excluding yourself)</p> <p>Full time _____</p> <p>Part time ₆ _____</p>
<p>Gender</p> <p><input type="radio"/> Female</p> <p><input checked="" type="radio"/> Male</p> <p>DOB: 8 ___ / 31 ___ / 62</p>	<p>Ethnicity/Race Group</p> <p><input checked="" type="radio"/> Black/African American</p> <p><input type="radio"/> Hispanic</p> <p><input type="radio"/> Asian</p> <p><input type="radio"/> Native American</p> <p><input type="radio"/> Other</p>	<p>Employment Status</p> <p><input checked="" type="radio"/> Employed Full Time</p> <p><input type="radio"/> Employed Part Time</p> <p><input type="radio"/> Self Employed Full Time</p> <p><input type="radio"/> Self Employed Part Time</p> <p><input type="radio"/> Unemployed</p>

Client Signature:

Please email this form to LNorwood@hennellc.com or fax to (713) 393-8774



Houston Area
Urban League

Entrepreneurship Center Intake Form A Business Incubator for the Urban Entrepreneur

Last Name Scott	First Name Joyce
Company Name Superb Speakers and Trainers	Type of Business - Consulting
Street 5090 Richmond Ave., # 756	City Houston
State Texas	Zip Code 77056
Office Number 713-828-3613 - Mobile	Fax Number 512.532.6718
Mobile Number 512-656-1715	Date 8/23/16
E-mail joycescott@superbspeakers.com	Web Site www.superbspeakers.com

Stage of Business Thinking of Starting a Business In Process of Starting or Acquiring a Business Currently own a business in operation for less than 1 year Currently own a business in operation for 1 to 5 years <input checked="" type="checkbox"/> Currently own a business in operation for more than 5 years	Form of Business <input checked="" type="checkbox"/> Sole Proprietorship Using Own Name Filed D.B.A. Partnership Corporation Regular S-Corporation LLC Non Profit Unknown at this time	Type of Business Retail <input checked="" type="checkbox"/> Service Wholesale, Distribution Manufacturing Construction Finance, Insurance, Real Estate Unknown at this time
MWBE Certification Status <input checked="" type="checkbox"/> Certified Application in Process Certification Denied Have Not Applied Not Eligible	Business Facility <input checked="" type="checkbox"/> Home Based Own Outside Facility Rent Outside Facility Unknown at this time	Useable Business Plan <input checked="" type="checkbox"/> Yes No Partial, Needs Work
Income generated by Business <input checked="" type="checkbox"/> Main Source of Income Supplementary Income Unknown at this time	Gross Income Generated by Business (for existing firms only) \$ <u>40,000.00</u> 2014 (annually) \$ <u>45,000.00</u> 2015 (annually)	Number of employees (excluding yourself) Full time _____ Part time 2 - Staff / 130 contractors
Gender <input checked="" type="checkbox"/> Female <input type="checkbox"/> Male DOB: <u>06/09/1951</u>	Ethnicity/Race Group <input checked="" type="checkbox"/> Black/African American Hispanic Asian Native American Other	Employment Status Employed Full Time Employed Part Time <input checked="" type="checkbox"/> Self Employed Full Time Self Employed Part Time

Client Signature: 

Please email this form to LNorwood@Ireneellc.com or fax to (713) 393-8774



Houston Area
Urban League

Entrepreneurship Center Intake Form A Business Incubator for the Urban Entrepreneur

Last Name Wright	First Name Kedrick
Company Name Wright Program Management	Type of Business Capital Improvement Consultant
Street 4010 FM 2920 Sroad	City Spring
State Texas	Zip Code 77388
Office Number 7134468755	Fax Number
Mobile Number	Date 8/25/16
E-mail kedrick@wpmsolution.com	Web Site www.wpmsolution.com

Stage of Business <input type="radio"/> Thinking of Starting a Business <input type="radio"/> In Process of Starting or Acquiring a Business <input checked="" type="radio"/> Currently own a business in operation for less than 1 year <input type="radio"/> Currently own a business in operation for 1 to 5 years <input type="radio"/> Currently own a business in operation for more than 5 years	Form of Business <input type="radio"/> Sole Proprietorship <input type="radio"/> Using Own Name Filed D.B.A. <input type="radio"/> Partnership <input type="radio"/> Corporation <input type="radio"/> Regular <input type="radio"/> S-Corporation <input checked="" type="radio"/> LLC <input type="radio"/> Non Profit <input type="radio"/> Unknown at this time	Type of Business <input type="radio"/> Retail <input type="radio"/> Service <input type="radio"/> Wholesale, Distribution <input type="radio"/> Manufacturing <input checked="" type="radio"/> Construction <input type="radio"/> Finance, Insurance, Real Estate <input type="radio"/> Unknown at this time
MWBE Certification Status <input type="radio"/> Certified <input checked="" type="radio"/> Application in Process <input type="radio"/> Certification Denied <input type="radio"/> Have Not Applied <input type="radio"/> Not Eligible	Business Facility <input type="radio"/> Home Based <input type="radio"/> Own Outside Facility <input checked="" type="radio"/> Rent Outside Facility <input type="radio"/> Unknown at this time	Useable Business Plan <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Partial, Needs Work
Income generated by Business <input checked="" type="radio"/> Main Source of Income <input type="radio"/> Supplementary Income <input type="radio"/> Unknown at this time	Gross Income Generated by Business <i>(for existing firms only)</i> \$0 _____ 2014 (annually) \$0 _____ 2015 (annually) \$ 500 _____ 2016	Number of employees <i>(excluding yourself)</i> Full time <u> 1 </u> Part time <u> 0 </u>
Gender <input type="radio"/> Female <input checked="" type="radio"/> Male DOB: <u> 12 </u> / <u> 20 </u> / <u> 1979 </u>	Ethnicity/Race Group <input checked="" type="radio"/> Black/African American <input type="radio"/> Hispanic <input type="radio"/> Asian <input type="radio"/> Native American <input type="radio"/> Other	Employment Status <input type="radio"/> Employed Full Time <input type="radio"/> Employed Part Time <input checked="" type="radio"/> Self Employed Full Time <input type="radio"/> Self Employed Part Time <input type="radio"/> Unemployed

Client Signature:

Please email this form to LNorwood@ireneellc.com or fax to (713) 393-8774



Houston Area
Urban League

Entrepreneurship Center Intake Form

A Business Incubator for the Urban Entrepreneur

Last Name <u>JOSEPH</u>	First Name <u>KEUT</u>
Company Name <u>Automation & Integrations</u>	Type of Business <u>Electrical Contractor</u>
Street <u>2310 Willow Canyon Dr</u>	City <u>Katy</u>
State <u>TX</u>	Zip Code <u>77494</u>
Office Number <u>832-321-4564</u>	Fax Number <u>832-321-5087</u>
Mobile Number <u>936-827-0838</u>	Date <u>08/25/10</u>
E-mail <u>keut.joseph@automation-int.com</u>	Web Site <u>www.automation-int.com</u>

Stage of Business <input checked="" type="radio"/> Thinking of Starting a Business <input type="radio"/> In Process of Starting or Acquiring a Business <input type="radio"/> Currently own a business in operation for less than 1 year <input checked="" type="radio"/> Currently own a business in operation for 1 to 5 years <input type="radio"/> Currently own a business in operation for more than 5 years	Form of Business <input checked="" type="radio"/> Sole Proprietorship <input type="radio"/> Using Own Name Filed D.B.A. <input type="radio"/> Partnership <input type="radio"/> Corporation <input type="radio"/> Regular <input type="radio"/> S-Corporation <input checked="" type="radio"/> LLC <input type="radio"/> Non Profit <input type="radio"/> Unknown at this time	Type of Business <input type="radio"/> Retail <input checked="" type="radio"/> Service <input type="radio"/> Wholesale, Distribution <input type="radio"/> Manufacturing <input type="radio"/> Construction <input type="radio"/> Finance, Insurance, Real Estate <input type="radio"/> Unknown at this time
MWBE Certification Status <input checked="" type="radio"/> Certified <input type="radio"/> Application in Process <input type="radio"/> Certification Denied <input type="radio"/> Have Not Applied <input checked="" type="radio"/> Not Eligible	Business Facility <input checked="" type="radio"/> Home Based <input type="radio"/> Own Outside Facility <input type="radio"/> Rent Outside Facility <input type="radio"/> Unknown at this time	Useable Business Plan <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Partial, Needs Work
Income generated by Business <input checked="" type="radio"/> Main Source of Income <input type="radio"/> Supplementary Income <input type="radio"/> Unknown at this time	Gross Income Generated by Business (for existing firms only) \$ <u>354,000</u> 2014 (annually) \$ <u>380,000</u> 2015 (annually)	Number of employees (excluding yourself) Full time <u>2</u> Part time _____
Gender <input type="radio"/> Female <input checked="" type="radio"/> Male DOB: <u>01/06/71</u>	Ethnicity/Race Group <input checked="" type="radio"/> Black/African American <input type="radio"/> Hispanic <input type="radio"/> Asian <input type="radio"/> Native American <input type="radio"/> Other	Employment Status <input checked="" type="radio"/> Employed Full Time <input type="radio"/> Employed Part Time <input type="radio"/> Self Employed Full Time <input type="radio"/> Self Employed Part Time <input type="radio"/> Unemployed

Client Signature: Keut R Joseph

Please email this form to LNorwood@lreneellc.com or fax to (713) 393-8774



Houston Area
Urban League

Entrepreneurship Center Intake Form A Business Incubator for the Urban Entrepreneur

Client number

Last Name Spearman	First Name Landi
Company Name Destination 4 Relocation LLC	Type of Business Relocation Mgt Services
Street 4543 Post Oak Place #107	City Houston
State TX	Zip Code 77027
Telephone Number 832-953-4347	Fax Number 281-598-5479
E-mail D4Relo@gmail.com	Date 8/19/16
Center Location Houston	Web Site www.Destination4Relocation.com

Stage of Business <input type="checkbox"/> Thinking of Starting a Business <input type="checkbox"/> In Process of Starting or Acquiring a Business <input type="checkbox"/> Currently own a business that has been in operation for less than 1 year <input checked="" type="checkbox"/> Currently own a business that has been in operation for 1 to 5 years <input type="checkbox"/> Currently own a business that has been in operation for more than 5 years	Form of Business <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Using Own Name <input type="checkbox"/> Filed D.B.A. <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Regular <input type="checkbox"/> S-Corporation <input checked="" type="checkbox"/> LLC <input type="checkbox"/> Non Profit <input type="checkbox"/> Unknown at this time	Type of Business <input type="checkbox"/> Retail <input checked="" type="checkbox"/> Service <input type="checkbox"/> Wholesale, Distribution <input type="checkbox"/> Manufacturing <input type="checkbox"/> Construction <input type="checkbox"/> Finance, Insurance, Real Estate <input type="checkbox"/> Unknown at this time
MWBE Certification Status <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Application in Process <input type="checkbox"/> Certification Denied <input type="checkbox"/> Have Not Applied <input type="checkbox"/> Not Eligible	Business Facility <input type="checkbox"/> Home Based <input type="checkbox"/> Own Outside Facility <input checked="" type="checkbox"/> Rent Outside Facility <input type="checkbox"/> Unknown at this time	Useable Business Plan <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Partial, Needs Work
Income generated by Business is <input checked="" type="checkbox"/> Main Source of Income <input type="checkbox"/> Supplementary Income <input type="checkbox"/> Unknown at this time	Gross Income Generated by Business (for existing firms only) \$ <u>37000</u> 2014 (annually) \$ <u>19976</u> 2015 (annually)	Number of employees (excluding yourself) Full time _____ Part time <u>4</u>
Gender <input checked="" type="checkbox"/> Female <input type="checkbox"/> Male DOB: <u>2/15/1976</u>	Ethnicity/Race Group <input checked="" type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Non- Minority	Employment Status <input type="checkbox"/> Employed Full Time <input type="checkbox"/> Employed Part Time <input checked="" type="checkbox"/> Self Employed Full Time <input type="checkbox"/> Self Employed Part Time <input type="checkbox"/> Unemployed

Client Signature:



Houston Area
Urban League

Entrepreneurship Center Intake Form A Business Incubator for the Urban Entrepreneur

Last Name Harris	First Name Marian (Lynn)
Company Name Glistening Spaces, Inc. DBA Deluxe Cleaning Concepts	Type of Business Janitorial & Construction Clean Up
Street 6910 Hockley Garden Ln	City Houston
State TX	Zip Code 77049
Office Number 832-978-2018	Fax Number 281-454-2020
Mobile Number 832-978-2018	Date 08/18/16
E-mail marian@deluxecleaningconcepts.com	Web Site www.deluxecleaningconcepts.com

<p>Stage of Business</p> <p><input type="radio"/> Thinking of Starting a Business</p> <p><input type="radio"/> In Process of Starting or Acquiring a Business</p> <p><input type="radio"/> Currently own a business in operation for less than 1 year</p> <p><input type="radio"/> Currently own a business in operation for 1 to 5 years</p> <p><input checked="" type="radio"/> Currently own a business in operation for more than 5 years</p>	<p>Form of Business</p> <p><input type="radio"/> Sole Proprietorship <input type="radio"/> Using Own Name Filed D.B.A.</p> <p><input type="radio"/> Partnership</p> <p><input type="radio"/> Corporation <input type="radio"/> Regular <input checked="" type="radio"/> S-Corporation <input type="radio"/> LLC <input type="radio"/> Non Profit</p> <p><input type="radio"/> Unknown at this time</p>	<p>Type of Business</p> <p><input type="radio"/> Retail</p> <p><input checked="" type="radio"/> Service</p> <p><input type="radio"/> Wholesale, Distribution</p> <p><input type="radio"/> Manufacturing</p> <p><input type="radio"/> Construction</p> <p><input type="radio"/> Finance, Insurance, Real Estate</p> <p><input type="radio"/> Unknown at this time</p>
<p>MWBE Certification Status</p> <p><input checked="" type="radio"/> Certified</p> <p><input type="radio"/> Application in Process</p> <p><input type="radio"/> Certification Denied</p> <p><input type="radio"/> Have Not Applied</p> <p><input type="radio"/> Not Eligible</p>	<p>Business Facility</p> <p><input checked="" type="radio"/> Home Based</p> <p><input type="radio"/> Own Outside Facility</p> <p><input type="radio"/> Rent Outside Facility</p> <p><input type="radio"/> Unknown at this time</p>	<p>Useable Business Plan</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> Partial, Needs Work</p>
<p>Income generated by Business</p> <p><input checked="" type="radio"/> Main Source of Income</p> <p><input type="radio"/> Supplementary Income</p> <p><input type="radio"/> Unknown at this time</p>	<p>Gross Income Generated by Business (for existing firms only)</p> <p>\$ 117,561 _____ 2014 (annually)</p> <p>\$ 302,388 _____ 2015 (annually)</p>	<p>Number of employees (excluding yourself)</p> <p>Full time _____</p> <p>Part time ⁶ _____</p>
<p>Gender</p> <p><input checked="" type="radio"/> Female</p> <p><input type="radio"/> Male</p> <p>DOB: 8 / 25 / 66</p>	<p>Ethnicity/Race Group</p> <p><input checked="" type="radio"/> Black/African American</p> <p><input type="radio"/> Hispanic</p> <p><input type="radio"/> Asian</p> <p><input type="radio"/> Native American</p> <p><input type="radio"/> Other</p>	<p>Employment Status</p> <p><input type="radio"/> Employed Full Time</p> <p><input type="radio"/> Employed Part Time</p> <p><input checked="" type="radio"/> Self Employed Full Time</p> <p><input type="radio"/> Self Employed Part Time</p> <p><input type="radio"/> Unemployed</p>

Client Signature: *Marian L. Harris*

Please email this form to LNorwood@ireneellc.com or fax to (713) 393-8774



Houston Area
Urban League

Entrepreneurship Center Intake Form A Business Incubator for the Urban Entrepreneur

Last Name Lynch	First Name Markisha
Company Name Elegant Home Designs & Cleaning Service LLC	Type of Business Construction
Street 829 N Frazier St	City Conroe
State TX	Zip Code 77301
Office Number 936-463-1640	Fax Number 936-756-1833
Mobile Number 409-457-9037	Date 8/15/2016
E-mail EHDandCleaningService@gmail.com	Web Site www.EHDandCleaningService.com

Stage of Business <input type="radio"/> Thinking of Starting a Business <input type="radio"/> In Process of Starting or Acquiring a Business <input type="radio"/> Currently own a business in operation for less than 1 year <input type="radio"/> Currently own a business in operation for 1 to 5 years <input checked="" type="radio"/> Currently own a business in operation for more than 5 years	Form of Business <input type="radio"/> Sole Proprietorship <input type="radio"/> Using Own Name <input type="radio"/> Filed D.B.A. <input type="radio"/> Partnership <input type="radio"/> Corporation <input type="radio"/> Regular <input type="radio"/> S-Corporation <input checked="" type="radio"/> LLC <input type="radio"/> Non Profit <input type="radio"/> Unknown at this time	Type of Business <input type="radio"/> Retail <input type="radio"/> Service <input type="radio"/> Wholesale, Distribution <input type="radio"/> Manufacturing <input checked="" type="radio"/> Construction <input type="radio"/> Finance, Insurance, Real Estate <input type="radio"/> Unknown at this time
MWBE Certification Status <input type="radio"/> Certified <input checked="" type="radio"/> Application in Process <input type="radio"/> Certification Denied <input type="radio"/> Have Not Applied <input type="radio"/> Not Eligible	Business Facility <input type="radio"/> Home Based <input type="radio"/> Own Outside Facility <input checked="" type="radio"/> Rent Outside Facility <input type="radio"/> Unknown at this time	Useable Business Plan <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Partial, Needs Work
Income generated by Business <input type="radio"/> Main Source of Income <input checked="" type="radio"/> Supplementary Income <input type="radio"/> Unknown at this time	Gross Income Generated by Business <i>(for existing firms only)</i> \$2,916 _____ 2014 (annually) \$9,374 _____ 2015 (annually)	Number of employees <i>(excluding yourself)</i> Full time <u> 2 </u> Part time <u> 0 </u>
Gender <input checked="" type="radio"/> Female <input type="radio"/> Male DOB: <u> 08 </u> / <u> 24 </u> / <u> 1982 </u>	Ethnicity/Race Group <input checked="" type="radio"/> Black/African American <input type="radio"/> Hispanic <input type="radio"/> Asian <input type="radio"/> Native American <input type="radio"/> Other	Employment Status <input checked="" type="radio"/> Employed Full Time <input type="radio"/> Employed Part Time <input type="radio"/> Self Employed Full Time <input type="radio"/> Self Employed Part Time <input type="radio"/> Unemployed

Client Signature: Markisha Lynch

Please email this form to LNorwood@lreneellc.com or fax to (713) 393-8774



Entrepreneurship Center Intake Form A Business Incubator for the Urban Entrepreneur

Last Name Levi	First Name Michelle
Company Name Elite Image Tax & Notary Service LLC	Type of Business Accounting Firm
Street 1301 Texas Street, SUite 102	City Houston
State Texas	Zip Code 77002
Office Number 713.393.8713	Fax Number 801.749.8132
Mobile Number 832.563.8476	Date August 16, 2017
E-mail elitetax42@gmail.com	Web Site www.eliteimagetax.com

Stage of Business <input type="radio"/> Thinking of Starting a Business <input type="radio"/> In Process of Starting or Acquiring a Business <input type="radio"/> Currently own a business in operation for less than 1 year <input checked="" type="radio"/> Currently own a business in operation for 1 to 5 years <input type="radio"/> Currently own a business in operation for more than 5 years	Form of Business <input type="radio"/> Sole Proprietorship <input type="radio"/> Using Own Name <input type="radio"/> Filed D.B.A. <input type="radio"/> Partnership <input type="radio"/> Corporation <input type="radio"/> Regular <input type="radio"/> S-Corporation <input checked="" type="radio"/> LLC <input type="radio"/> Non Profit <input type="radio"/> Unknown at this time	Type of Business <input type="radio"/> Retail <input checked="" type="radio"/> Service <input type="radio"/> Wholesale, Distribution <input type="radio"/> Manufacturing <input type="radio"/> Construction <input type="radio"/> Finance, Insurance, Real Estate <input type="radio"/> Unknown at this time
MWBE Certification Status <input checked="" type="radio"/> Certified <input type="radio"/> Application in Process <input type="radio"/> Certification Denied <input type="radio"/> Have Not Applied <input type="radio"/> Not Eligible	Business Facility <input type="radio"/> Home Based <input type="radio"/> Own Outside Facility <input checked="" type="radio"/> Rent Outside Facility <input type="radio"/> Unknown at this time	Useable Business Plan <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Partial, Needs Work
Income generated by Business <input checked="" type="radio"/> Main Source of Income <input type="radio"/> Supplementary Income <input type="radio"/> Unknown at this time	Gross Income Generated by Business <i>(for existing firms only)</i> \$ 44,804 _____ 2014 (annually) \$ 78,000 _____ 2015 (annually)	Number of employees <i>(excluding yourself)</i> Full time <u> 2 </u> Part time <u> 4 </u>
Gender <input checked="" type="radio"/> Female <input type="radio"/> Male DOB: <u> 10 </u> / <u> 25 </u> / <u> 1969 </u>	Ethnicity/Race Group <input checked="" type="radio"/> Black/African American <input type="radio"/> Hispanic <input type="radio"/> Asian <input type="radio"/> Native American <input type="radio"/> Other	Employment Status <input checked="" type="radio"/> Employed Full Time <input type="radio"/> Employed Part Time <input type="radio"/> Self Employed Full Time <input type="radio"/> Self Employed Part Time <input type="radio"/> Unemployed

Client Signature: Michelle M Levi

Please email this form to LNorwood@ireneellc.com or fax to (713) 393-8774



Houston Area
Urban League

Entrepreneurship Center Intake Form A Business Incubator for the Urban Entrepreneur

Last Name Rhodes	First Name Michele
Company Name NewTex Property Services, LLC	Type of Business Property & Facilities Management
Street PO Box 1371	City Sugar Land
State TX	Zip Code 77487
Office Number 832-718-6883	Fax Number
Mobile Number 832-428-5549	Date 8/25/16
E-mail Newtexps@yahoo.com	Web Site

<p>Stage of Business</p> <p><input type="radio"/> Thinking of Starting a Business</p> <p><input type="radio"/> In Process of Starting or Acquiring a Business</p> <p><input type="radio"/> Currently own a business in operation for less than 1 year</p> <p><input checked="" type="radio"/> Currently own a business in operation for 1 to 5 years</p> <p><input type="radio"/> Currently own a business in operation for more than 5 years</p>	<p>Form of Business</p> <p><input type="radio"/> Sole Proprietorship</p> <p style="padding-left: 20px;"><input type="radio"/> Using Own Name <input type="radio"/> Filed D.B.A.</p> <p><input type="radio"/> Partnership</p> <p><input type="radio"/> Corporation</p> <p style="padding-left: 20px;"><input type="radio"/> Regular <input type="radio"/> S-Corporation <input checked="" type="radio"/> LLC <input type="radio"/> Non Profit</p> <p><input type="radio"/> Unknown at this time</p>	<p>Type of Business</p> <p><input type="radio"/> Retail</p> <p><input checked="" type="radio"/> Service</p> <p><input type="radio"/> Wholesale, Distribution</p> <p><input type="radio"/> Manufacturing</p> <p><input type="radio"/> Construction</p> <p><input type="radio"/> Finance, Insurance, Real Estate</p> <p><input type="radio"/> Unknown at this time</p>
<p>MWBE Certification Status</p> <p><input type="radio"/> Certified</p> <p><input type="radio"/> Application in Process</p> <p><input type="radio"/> Certification Denied</p> <p><input checked="" type="radio"/> Have Not Applied</p> <p><input type="radio"/> Not Eligible</p>	<p>Business Facility</p> <p><input checked="" type="radio"/> Home Based</p> <p><input type="radio"/> Own Outside Facility</p> <p><input type="radio"/> Rent Outside Facility</p> <p><input type="radio"/> Unknown at this time</p>	<p>Useable Business Plan</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> Partial, Needs Work</p>
<p>Income generated by Business</p> <p><input type="radio"/> Main Source of Income</p> <p><input checked="" type="radio"/> Supplementary Income</p> <p><input type="radio"/> Unknown at this time</p>	<p>Gross Income Generated by Business (for existing firms only)</p> <p>\$ <u>52,000</u> 2014 (annually)</p> <p>\$ <u>47,000</u> 2015 (annually)</p>	<p>Number of employees (excluding yourself)</p> <p>Full time <u>1</u></p> <p>Part time _____</p>
<p>Gender</p> <p><input checked="" type="radio"/> Female</p> <p><input type="radio"/> Male</p> <p>DOB: <u>03</u> / <u>15</u> / <u>1973</u></p>	<p>Ethnicity/Race Group</p> <p><input checked="" type="radio"/> Black/African American</p> <p><input type="radio"/> Hispanic</p> <p><input type="radio"/> Asian</p> <p><input type="radio"/> Native American</p> <p><input type="radio"/> Other</p>	<p>Employment Status</p> <p><input type="radio"/> Employed Full Time</p> <p><input type="radio"/> Employed Part Time</p> <p><input checked="" type="radio"/> Self Employed Full Time</p> <p><input type="radio"/> Self Employed Part Time</p> <p><input type="radio"/> Unemployed</p>

Client Signature: Michele Rhoded

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Houston Area
Urban League

Entrepreneurship Center Intake Form A Business Incubator for the Urban Entrepreneur

Client number

Last Name Land	First Name Monique
Company Name Destination 4 Relocation LLC	Type of Business Relocation Mgt Services
Street 4543 Post Oak Place #107	City Houston
State TX	Zip Code 77027
Telephone Number 832-953-4347	Fax Number 281-598-5479
E-mail D4Relo@gmail.com	Date 8/19/16
Center Location Houston	Web Site www.Destination4Relocation.com

Stage of Business <input type="checkbox"/> Thinking of Starting a Business <input type="checkbox"/> In Process of Starting or Acquiring a Business <input type="checkbox"/> Currently own a business that has been in operation for less than 1 year <input checked="" type="checkbox"/> Currently own a business that has been in operation for 1 to 5 years <input type="checkbox"/> Currently own a business that has been in operation for more than 5 years	Form of Business <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Using Own Name <input type="checkbox"/> Filed D.B.A. <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Regular <input type="checkbox"/> S-Corporation <input checked="" type="checkbox"/> LLC <input type="checkbox"/> Non Profit <input type="checkbox"/> Unknown at this time	Type of Business <input type="checkbox"/> Retail <input checked="" type="checkbox"/> Service <input type="checkbox"/> Wholesale, Distribution <input type="checkbox"/> Manufacturing <input type="checkbox"/> Construction <input type="checkbox"/> Finance, Insurance, Real Estate <input type="checkbox"/> Unknown at this time
MWBE Certification Status <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Application in Process <input type="checkbox"/> Certification Denied <input type="checkbox"/> Have Not Applied <input type="checkbox"/> Not Eligible	Business Facility <input type="checkbox"/> Home Based <input type="checkbox"/> Own Outside Facility <input checked="" type="checkbox"/> Rent Outside Facility <input type="checkbox"/> Unknown at this time	Useable Business Plan <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Partial, Needs Work
Income generated by Business is <input checked="" type="checkbox"/> Main Source of Income <input type="checkbox"/> Supplementary Income <input type="checkbox"/> Unknown at this time	Gross Income Generated by Business (for existing firms only) \$37000 2014 (annually) \$ 19976 2015 (annually)	Number of employees (excluding yourself) Full time _____ Part time <u> 4 </u>
Gender <input checked="" type="checkbox"/> Female <input type="checkbox"/> Male DOB: <u> 12 </u> / <u> 6 </u> / 1971	Ethnicity/Race Group <input checked="" type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Non-Minority	Employment Status <input type="checkbox"/> Employed Full Time <input type="checkbox"/> Employed Part Time <input type="checkbox"/> Self Employed Full Time <input checked="" type="checkbox"/> Self Employed Part Time <input type="checkbox"/> Unemployed

Client Signature: _____ *Monique Land*



Houston Area
Urban League

Entrepreneurship Center Intake Form A Business Incubator for the Urban Entrepreneur

Last Name Pena	First Name Morlene
Company Name Alliance Meeting & Conference Management	Type of Business Meeting and Event Planning Service
Street 13100 W Bellfort Avenue	City Houston
State TX	Zip Code 77099
Office Number 832-288-2991	Fax Number
Mobile Number	Date 8.17.16
E-mail alliancemcm@sbcglobal.net	Web Site www.alliancemcm.com

Stage of Business <input type="radio"/> Thinking of Starting a Business <input type="radio"/> In Process of Starting or Acquiring a Business <input type="radio"/> Currently own a business in operation for less than 1 year <input type="radio"/> Currently own a business in operation for 1 to 5 years <input checked="" type="radio"/> Currently own a business in operation for more than 5 years	Form of Business <input checked="" type="radio"/> Sole Proprietorship <input type="radio"/> Using Own Name <input type="radio"/> Filed D.B.A. <input type="radio"/> Partnership <input type="radio"/> Corporation <input type="radio"/> Regular <input type="radio"/> S-Corporation <input type="radio"/> LLC <input type="radio"/> Non Profit <input type="radio"/> Unknown at this time	Type of Business <input type="radio"/> Retail <input checked="" type="radio"/> Service <input type="radio"/> Wholesale, Distribution <input type="radio"/> Manufacturing <input type="radio"/> Construction <input type="radio"/> Finance, Insurance, Real Estate <input type="radio"/> Unknown at this time
MWBE Certification Status <input type="radio"/> Certified <input type="radio"/> Application in Process <input type="radio"/> Certification Denied <input type="radio"/> Have Not Applied <input checked="" type="radio"/> Not Eligible	Business Facility <input checked="" type="radio"/> Home Based <input type="radio"/> Own Outside Facility <input type="radio"/> Rent Outside Facility <input type="radio"/> Unknown at this time	Useable Business Plan <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Partial, Needs Work
Income generated by Business <input checked="" type="radio"/> Main Source of Income <input type="radio"/> Supplementary Income <input type="radio"/> Unknown at this time	Gross Income Generated by Business <i>(for existing firms only)</i> \$ <u>30,000</u> 2014 (annually) \$ <u>35,000</u> 2015 (annually)	Number of employees <i>(excluding yourself)</i> Full time <u>1</u> Part time _____
Gender <input checked="" type="radio"/> Female <input type="radio"/> Male DOB: <u>11</u> / <u>8</u> / 1969	Ethnicity/Race Group <input checked="" type="radio"/> Black/African American <input type="radio"/> Hispanic <input type="radio"/> Asian <input type="radio"/> Native American <input type="radio"/> Other	Employment Status <input type="radio"/> Employed Full Time <input type="radio"/> Employed Part Time <input checked="" type="radio"/> Self Employed Full Time <input type="radio"/> Self Employed Part Time <input type="radio"/> Unemployed

Client Signature: Morlene Pena

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Houston Area
Urban League

Entrepreneurship Center Intake Form

A Business Incubator for the Urban Entrepreneur

Last Name Willams	First Name Tiffany
Company Name Twice Media Productions, LLC	Type of Business Service -- Video Marketing
Street 1301 Texas Ave.	City Houston
State TX	Zip Code 77002
Office Number 832-390-0559	Fax Number
Mobile Number	Date 8/25/16
E-mail tiffany@twicemediaproductions.com	Web Site twicemediaproductions.com

<p>Stage of Business</p> <p><input type="radio"/> Thinking of Starting a Business</p> <p><input type="radio"/> In Process of Starting or Acquiring a Business</p> <p><input type="radio"/> Currently own a business in operation for less than 1 year</p> <p><input checked="" type="radio"/> Currently own a business in operation for 1 to 5 years</p> <p><input type="radio"/> Currently own a business in operation for more than 5 years</p>	<p>Form of Business</p> <p><input type="radio"/> Sole Proprietorship</p> <p style="padding-left: 20px;"><input type="radio"/> Using Own Name Filed D.B.A.</p> <p><input type="radio"/> Partnership</p> <p><input type="radio"/> Corporation</p> <p style="padding-left: 20px;"><input type="radio"/> Regular</p> <p style="padding-left: 20px;"><input checked="" type="radio"/> S-Corporation</p> <p style="padding-left: 20px;"><input type="radio"/> LLC</p> <p style="padding-left: 20px;"><input type="radio"/> Non Profit</p> <p><input type="radio"/> Unknown at this time</p>	<p>Type of Business</p> <p><input type="radio"/> Retail</p> <p><input checked="" type="radio"/> Service</p> <p><input type="radio"/> Wholesale, Distribution</p> <p><input type="radio"/> Manufacturing</p> <p><input type="radio"/> Construction</p> <p><input type="radio"/> Finance, Insurance, Real Estate</p> <p><input type="radio"/> Unknown at this time</p>
<p>MWBE Certification Status</p> <p><input checked="" type="radio"/> Certified</p> <p><input type="radio"/> Application in Process</p> <p><input type="radio"/> Certification Denied</p> <p><input type="radio"/> Have Not Applied</p> <p><input type="radio"/> Not Eligible</p>	<p>Business Facility</p> <p><input type="radio"/> Home Based</p> <p><input type="radio"/> Own Outside Facility</p> <p><input checked="" type="radio"/> Rent Outside Facility</p> <p><input type="radio"/> Unknown at this time</p>	<p>Useable Business Plan</p> <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Partial, Needs Work</p>
<p>Income generated by Business</p> <p><input checked="" type="radio"/> Main Source of Income</p> <p><input type="radio"/> Supplementary Income</p> <p><input type="radio"/> Unknown at this time</p>	<p>Gross Income Generated by Business <i>(for existing firms only)</i></p> <p>\$ <u>41,000</u> 2014 (annually)</p> <p>\$ <u>80,000</u> 2015 (annually)</p>	<p>Number of employees <i>(excluding yourself)</i></p> <p>Full time <u>0</u></p> <p>Part time <u>2</u></p>
<p>Gender</p> <p><input checked="" type="radio"/> Female</p> <p><input type="radio"/> Male</p> <p>DOB: <u>10</u> / <u>20</u> / 1987</p>	<p>Ethnicity/Race Group</p> <p><input checked="" type="radio"/> Black/African American</p> <p><input type="radio"/> Hispanic</p> <p><input type="radio"/> Asian</p> <p><input type="radio"/> Native American</p> <p><input type="radio"/> Other</p>	<p>Employment Status</p> <p><input type="radio"/> Employed Full Time</p> <p><input type="radio"/> Employed Part Time</p> <p><input checked="" type="radio"/> Self Employed Full Time</p> <p><input type="radio"/> Self Employed Part Time</p> <p><input type="radio"/> Unemployed</p>

Client Signature:



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Houston Area
Urban League

Entrepreneurship Center Intake Form A Business Incubator for the Urban Entrepreneur

Last Name Youngers	First Name Nina
Company Name Got Dirty Blinds? LLC	Type of Business Cleaning Service
Street 11122 Braes Forest Dr	City Houston
State TX	Zip Code 77071
Office Number 832-986-8457	Fax Number
Mobile Number 713-857-8535	Date 08/15/2016
E-mail contactus@gotdirtyblinds.net	Web Site gotdirtyblinds.net

Stage of Business <input type="radio"/> Thinking of Starting a Business <input type="radio"/> In Process of Starting or Acquiring a Business <input type="radio"/> Currently own a business in operation for less than 1 year <input checked="" type="radio"/> Currently own a business in operation for 1 to 5 years <input type="radio"/> Currently own a business in operation for more than 5 years	Form of Business <input type="radio"/> Sole Proprietorship <input type="radio"/> Using Own Name <input type="radio"/> Filed D.B.A. <input type="radio"/> Partnership <input type="radio"/> Corporation <input type="radio"/> Regular <input type="radio"/> S-Corporation <input checked="" type="radio"/> LLC <input type="radio"/> Non Profit <input type="radio"/> Unknown at this time	Type of Business <input type="radio"/> Retail <input checked="" type="radio"/> Service <input type="radio"/> Wholesale, Distribution <input type="radio"/> Manufacturing <input type="radio"/> Construction <input type="radio"/> Finance, Insurance, Real Estate <input type="radio"/> Unknown at this time
MWBE Certification Status <input type="radio"/> Certified <input type="radio"/> Application in Process <input type="radio"/> Certification Denied <input checked="" type="radio"/> Have Not Applied <input type="radio"/> Not Eligible	Business Facility <input checked="" type="radio"/> Home Based <input type="radio"/> Own Outside Facility <input type="radio"/> Rent Outside Facility <input type="radio"/> Unknown at this time	Useable Business Plan <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Partial, Needs Work
Income generated by Business <input type="radio"/> Main Source of Income <input checked="" type="radio"/> Supplementary Income <input type="radio"/> Unknown at this time	Gross Income Generated by Business <i>(for existing firms only)</i> \$ _____ 2014 (annually) \$ <u>35,000</u> 2015 (annually)	Number of employees <i>(excluding yourself)</i> Full time <u>1</u> Part time <u>2</u>
Gender <input checked="" type="radio"/> Female <input type="radio"/> Male DOB: <u>10</u> / <u>08</u> / ____	Ethnicity/Race Group <input type="radio"/> Black/African American <input checked="" type="radio"/> Hispanic <input type="radio"/> Asian <input type="radio"/> Native American <input type="radio"/> Other	Employment Status <input type="radio"/> Employed Full Time <input type="radio"/> Employed Part Time <input checked="" type="radio"/> Self Employed Full Time <input type="radio"/> Self Employed Part Time <input type="radio"/> Unemployed

Client Signature:

Please email this form to LNorwood@lreneellc.com or fax to (713) 393-8774



Houston Area
Urban League

Entrepreneurship Center Intake Form A Business Incubator for the Urban Entrepreneur

Last Name <u>HARDY</u>	First Name <u>Ronald</u>
Company Name <u>Hardy & Hardy Inc.</u>	Type of Business <u>Comm. JANITORIAL</u>
Street <u>P.O. Box 1150</u>	City <u>Fresno</u>
State <u>TX</u>	Zip Code <u>77545</u>
Office Number <u>713-728-8100 Ext. 200</u>	Fax Number <u>713-785-8105</u>
Mobile Number <u>713-557-0781</u>	Date <u>8/26/16</u>
E-mail <u>rhordysr@hardyandhardy.com</u>	Web Site <u>hardyandhardy.com</u>

Stage of Business <input checked="" type="radio"/> Thinking of Starting a Business <input type="radio"/> In Process of Starting or Acquiring a Business <input type="radio"/> Currently own a business in operation for less than 1 year <input type="radio"/> Currently own a business in operation for 1 to 5 years <input checked="" type="radio"/> Currently own a business in operation for more than 5 years	Form of Business <input checked="" type="radio"/> Sole Proprietorship <input type="radio"/> Using Own Name Filed D.B.A. <input type="radio"/> Partnership <input checked="" type="radio"/> Corporation <input type="radio"/> Regular <input checked="" type="radio"/> S-Corporation <input type="radio"/> LLC <input type="radio"/> Non Profit <input type="radio"/> Unknown at this time	Type of Business <input type="radio"/> Retail <input checked="" type="radio"/> Service <input type="radio"/> Wholesale, Distribution <input type="radio"/> Manufacturing <input type="radio"/> Construction <input type="radio"/> Finance, Insurance, Real Estate <input type="radio"/> Unknown at this time
MWBE Certification Status <input checked="" type="radio"/> Certified <input type="radio"/> Application in Process <input type="radio"/> Certification Denied <input type="radio"/> Have Not Applied <input type="radio"/> Not Eligible	Business Facility <input checked="" type="radio"/> Home Based <input type="radio"/> Own Outside Facility <input checked="" type="radio"/> Rent Outside Facility <input type="radio"/> Unknown at this time	Useable Business Plan <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Partial, Needs Work
Income generated by Business <input checked="" type="radio"/> Main Source of Income <input type="radio"/> Supplementary Income <input type="radio"/> Unknown at this time	Gross Income Generated by Business (for existing firms only) \$ <u>542,000.00</u> 2014 (annually) \$ <u>902,000.00</u> 2015 (annually)	Number of employees (excluding yourself) Full time _____ Part time <u>2</u>
Gender <input type="radio"/> Female <input checked="" type="radio"/> Male DOB: <u>8/18/56</u>	Ethnicity/Race Group <input checked="" type="radio"/> Black/African American <input type="radio"/> Hispanic <input type="radio"/> Asian <input type="radio"/> Native American <input type="radio"/> Other	Employment Status <input type="radio"/> Employed Full Time <input type="radio"/> Employed Part Time <input checked="" type="radio"/> Self Employed Full Time <input type="radio"/> Self Employed Part Time <input type="radio"/> Unemployed

Client Signature:

Please email this form to LNorwood@ireneillc.com or fax to (713) 393-8774



Houston Area
Urban League

Entrepreneurship Center Intake Form A Business Incubator for the Urban Entrepreneur

Last Name MELROSE	First Name RODNEY
Company Name MELROSE MECHANICAL SERVICE LLC	Type of Business HVAC
Street 2121 ELPASEO #1910	City HOUSTON
State TEXAS	Zip Code 77021
Office Number 7133048906	Fax Number
Mobile Number	Date 08/17~
E-mail NAIMRODNEY@YAHOO.COM	Web Site

Stage of Business <input type="radio"/> Thinking of Starting a Business <input type="radio"/> In Process of Starting or Acquiring a Business <input type="radio"/> Currently own a business in operation for less than 1 year <input checked="" type="radio"/> Currently own a business in operation for 1 to 5 years <input type="radio"/> Currently own a business in operation for more than 5 years	Form of Business <input type="radio"/> Sole Proprietorship <input type="radio"/> Using Own Name <input type="radio"/> Filed D.B.A. <input checked="" type="radio"/> Partnership <input checked="" type="radio"/> Corporation <input type="radio"/> Regular <input type="radio"/> S-Corporation <input checked="" type="radio"/> LLC <input type="radio"/> Non Profit <input type="radio"/> Unknown at this time	Type of Business <input type="radio"/> Retail <input type="radio"/> Service <input type="radio"/> Wholesale, Distribution <input type="radio"/> Manufacturing <input checked="" type="radio"/> Construction <input type="radio"/> Finance, Insurance, Real Estate <input type="radio"/> Unknown at this time
MWBE Certification Status <input type="radio"/> Certified <input type="radio"/> Application in Process <input type="radio"/> Certification Denied <input type="radio"/> Have Not Applied <input checked="" type="radio"/> Not Eligible	Business Facility <input checked="" type="radio"/> Home Based <input type="radio"/> Own Outside Facility <input type="radio"/> Rent Outside Facility <input type="radio"/> Unknown at this time	Useable Business Plan <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Partial, Needs Work
Income generated by Business <input type="radio"/> Main Source of Income <input type="radio"/> Supplementary Income <input checked="" type="radio"/> Unknown at this time	Gross Income Generated by Business <i>(for existing firms only)</i> \$ <u>10,000.00</u> 2014 (annually) \$ <u>8000.00</u> 2015 (annually)	Number of employees <i>(excluding yourself)</i> Full time <u>1-2</u> Part time _____
Gender <input type="radio"/> Female <input checked="" type="radio"/> Male DOB: <u>12</u> / <u>12</u> / <u>1956</u>	Ethnicity/Race Group <input checked="" type="radio"/> Black/African American <input type="radio"/> Hispanic <input type="radio"/> Asian <input type="radio"/> Native American <input type="radio"/> Other	Employment Status <input type="radio"/> Employed Full Time <input type="radio"/> Employed Part Time <input type="radio"/> Self Employed Full Time <input type="radio"/> Self Employed Part Time <input checked="" type="radio"/> Unemployed

Client Signature: RODNEY D. MELROSE

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Houston Area
Urban League

Entrepreneurship Center Intake Form A Business Incubator for the Urban Entrepreneur

Last Name Cambas	First Name Sarah-Hampton
Company Name Hampton Industries LLC	Type of Business Product and Equipment Supplier
Street 5250 Brownway Street #2218	City Houston
State TX	Zip Code 77056
Office Number 713-561-3853	Fax Number
Mobile Number 504-444-7177	Date 08/23/16
E-mail scambas@hamptonindustriestx.com	Web Site hamptonindustriestx.com

Stage of Business <input type="radio"/> Thinking of Starting a Business <input type="radio"/> In Process of Starting or Acquiring a Business <input type="radio"/> Currently own a business in operation for less than 1 year <input checked="" type="radio"/> Currently own a business in operation for 1 to 5 years <input type="radio"/> Currently own a business in operation for more than 5 years	Form of Business <input type="radio"/> Sole Proprietorship <input type="radio"/> Using Own Name <input type="radio"/> Filed D.B.A. <input type="radio"/> Partnership <input type="radio"/> Corporation <input type="radio"/> Regular <input type="radio"/> S-Corporation <input checked="" type="radio"/> LLC <input type="radio"/> Non Profit <input type="radio"/> Unknown at this time	Type of Business <input type="radio"/> Retail <input type="radio"/> Service <input checked="" type="radio"/> Wholesale, Distribution <input type="radio"/> Manufacturing <input type="radio"/> Construction <input type="radio"/> Finance, Insurance, Real Estate <input type="radio"/> Unknown at this time
MWBE Certification Status <input type="radio"/> Certified <input type="radio"/> Application in Process <input type="radio"/> Certification Denied <input type="radio"/> Have Not Applied <input checked="" type="radio"/> Not Eligible *See below	Business Facility <input checked="" type="radio"/> Home Based <input type="radio"/> Own Outside Facility <input type="radio"/> Rent Outside Facility <input type="radio"/> Unknown at this time	Useable Business Plan <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Partial, Needs Work
Income generated by Business <input type="radio"/> Main Source of Income <input checked="" type="radio"/> Supplementary Income <input type="radio"/> Unknown at this time	Gross Income Generated by Business (for existing firms only) \$ 0 _____ 2014 (annually) \$ 0 _____ 2015 (annually) 2016 Revenue: \$6,394.30	Number of employees (excluding yourself) Full time <u> 1 </u> Part time <u> 0 </u>
Gender <input checked="" type="radio"/> Female <input type="radio"/> Male DOB: <u> 11 </u> / <u> 05 </u> / <u> 85 </u>	Ethnicity/Race Group <input type="radio"/> Black/African American <input type="radio"/> Hispanic <input type="radio"/> Asian <input type="radio"/> Native American <input checked="" type="radio"/> Other	Employment Status <input type="radio"/> Employed Full Time <input type="radio"/> Employed Part Time <input checked="" type="radio"/> Self Employed Full Time <input type="radio"/> Self Employed Part Time <input type="radio"/> Unemployed

Client Signature:

The company was ineligible for MWBE because it had not yet completed a transaction, however, I just submitted my first invoice. I will begin the application after I receive payment.

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Houston Area
Urban League

Entrepreneurship Center Intake Form A Business Incubator for the Urban Entrepreneur

Last Name Stewart	First Name Sharon
Company Name The Peerless Consultant, LLC	Type of Business Consulting
Street 2313 McIlhenny St.	City Houston
State Texas	Zip Code 77004
Office Number	Fax Number
Mobile Number 423-504-2541	Date 8/15/16
E-mail s.stwrt@gmail.com	Web Site

Stage of Business <input type="radio"/> Thinking of Starting a Business <input checked="" type="radio"/> In Process of Starting or Acquiring a Business <input type="radio"/> Currently own a business in operation for less than 1 year <input type="radio"/> Currently own a business in operation for 1 to 5 years <input type="radio"/> Currently own a business in operation for more than 5 years	Form of Business <input type="radio"/> Sole Proprietorship <input type="radio"/> Using Own Name Filed D.B.A. <input type="radio"/> Partnership <input type="radio"/> Corporation <input type="radio"/> Regular <input type="radio"/> S-Corporation <input checked="" type="radio"/> LLC <input type="radio"/> Non Profit <input type="radio"/> Unknown at this time	Type of Business <input type="radio"/> Retail <input checked="" type="radio"/> Service <input type="radio"/> Wholesale, Distribution <input type="radio"/> Manufacturing <input type="radio"/> Construction <input type="radio"/> Finance, Insurance, Real Estate <input type="radio"/> Unknown at this time
MWBE Certification Status <input type="radio"/> Certified <input type="radio"/> Application in Process <input type="radio"/> Certification Denied <input checked="" type="radio"/> Have Not Applied <input type="radio"/> Not Eligible	Business Facility <input checked="" type="radio"/> Home Based <input type="radio"/> Own Outside Facility <input type="radio"/> Rent Outside Facility <input type="radio"/> Unknown at this time	Useable Business Plan <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Partial, Needs Work
Income generated by Business <input type="radio"/> Main Source of Income <input checked="" type="radio"/> Supplementary Income <input type="radio"/> Unknown at this time	Gross Income Generated by Business <i>(for existing firms only)</i> \$ _____ 2014 (annually) \$ <u>3000</u> 2015 (annually)	Number of employees <i>(excluding yourself)</i> Full time _____ Part time <u>1</u>
Gender <input checked="" type="radio"/> Female <input type="radio"/> Male DOB: <u>11</u> / <u>18</u> / 1983	Ethnicity/Race Group <input checked="" type="radio"/> Black/African American <input type="radio"/> Hispanic <input type="radio"/> Asian <input type="radio"/> Native American <input type="radio"/> Other	Employment Status <input checked="" type="radio"/> Employed Full Time <input type="radio"/> Employed Part Time <input type="radio"/> Self Employed Full Time <input type="radio"/> Self Employed Part Time <input type="radio"/> Unemployed

Client Signature: Sharon A. Stewart

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Houston Area
Urban League

Entrepreneurship Center Intake Form A Business Incubator for the Urban Entrepreneur

Last Name Muhammad	First Name Tawana
Company Name TMB2B HR Consulting	Type of Business Consulting
Street 4050 Mission Valley Dr.	City Missouri City
State TX	Zip Code 77459
Office Number 281-410-5454	Fax Number 832-201-7011
Mobile Number 302-604-4859	Date 8/15/16
E-mail tmb2bhrconsulting@gmail.com	Web Site

Stage of Business <input type="radio"/> Thinking of Starting a Business <input type="radio"/> In Process of Starting or Acquiring a Business <input checked="" type="radio"/> Currently own a business in operation for less than 1 year <input type="radio"/> Currently own a business in operation for 1 to 5 years <input type="radio"/> Currently own a business in operation for more than 5 years	Form of Business <input checked="" type="radio"/> Sole Proprietorship <input checked="" type="radio"/> Using Own Name Filed D.B.A. <input type="radio"/> Partnership <input type="radio"/> Corporation <input type="radio"/> Regular <input type="radio"/> S-Corporation <input type="radio"/> LLC <input type="radio"/> Non Profit <input type="radio"/> Unknown at this time	Type of Business <input type="radio"/> Retail <input checked="" type="radio"/> Service <input type="radio"/> Wholesale, Distribution <input type="radio"/> Manufacturing <input type="radio"/> Construction <input type="radio"/> Finance, Insurance, Real Estate <input type="radio"/> Unknown at this time
MWBE Certification Status <input type="radio"/> Certified <input type="radio"/> Application in Process <input type="radio"/> Certification Denied <input checked="" type="radio"/> Have Not Applied <input type="radio"/> Not Eligible	Business Facility <input checked="" type="radio"/> Home Based <input type="radio"/> Own Outside Facility <input type="radio"/> Rent Outside Facility <input type="radio"/> Unknown at this time	Useable Business Plan <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Partial, Needs Work
Income generated by Business <input checked="" type="radio"/> Main Source of Income <input type="radio"/> Supplementary Income <input type="radio"/> Unknown at this time	Gross Income Generated by Business <i>(for existing firms only)</i> \$0.00 _____ 2014 (annually) \$2500 _____ 2015 (annually)	Number of employees <i>(excluding yourself)</i> Full time <u> 1 </u> Part time <u> 0 </u>
Gender <input checked="" type="radio"/> Female <input type="radio"/> Male DOB: <u>05</u> / <u>06</u> / 1968	Ethnicity/Race Group <input checked="" type="radio"/> Black/African American <input type="radio"/> Hispanic <input type="radio"/> Asian <input type="radio"/> Native American <input type="radio"/> Other	Employment Status <input type="radio"/> Employed Full Time <input type="radio"/> Employed Part Time <input checked="" type="radio"/> Self Employed Full Time <input type="radio"/> Self Employed Part Time <input type="radio"/> Unemployed

Client Signature: Tawana Muhammad

Please email this form to LNorwood@Ireneellc.com or fax to (713) 393-8774



Houston Area
Urban League

Entrepreneurship Center Intake Form A Business Incubator for the Urban Entrepreneur

Last Name Council	First Name Tina
Company Name I Am Pleased Development Center	Type of Business Consulting firm
Street 8544 W. Bellfort #123	City Houston
State TX	Zip Code 77071
Office Number 713-256-4554	Fax Number 713-551-9699
Mobile Number 713-256-2718	Date 08/17/2016
E-mail tina@iampleased.com	Web Site www.iampleased.com

Stage of Business <input type="radio"/> Thinking of Starting a Business <input type="radio"/> In Process of Starting or Acquiring a Business <input type="radio"/> Currently own a business in operation for less than 1 year <input type="radio"/> Currently own a business in operation for 1 to 5 years <input checked="" type="radio"/> Currently own a business in operation for more than 5 years	Form of Business <input type="radio"/> Sole Proprietorship <input checked="" type="radio"/> Using Own Name Filed D.B.A. <input type="radio"/> Partnership <input type="radio"/> Corporation <input type="radio"/> Regular <input type="radio"/> S-Corporation <input type="radio"/> LLC <input type="radio"/> Non Profit <input type="radio"/> Unknown at this time	Type of Business <input type="radio"/> Retail <input checked="" type="radio"/> Service <input type="radio"/> Wholesale, Distribution <input type="radio"/> Manufacturing <input type="radio"/> Construction <input type="radio"/> Finance, Insurance, Real Estate <input type="radio"/> Unknown at this time
MWBE Certification Status <input type="radio"/> Certified <input type="radio"/> Application in Process <input type="radio"/> Certification Denied <input checked="" type="radio"/> Have Not Applied <input type="radio"/> Not Eligible	Business Facility <input checked="" type="radio"/> Home Based <input type="radio"/> Own Outside Facility <input type="radio"/> Rent Outside Facility <input type="radio"/> Unknown at this time	Useable Business Plan <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Partial, Needs Work
Income generated by Business <input checked="" type="radio"/> Main Source of Income <input type="radio"/> Supplementary Income <input type="radio"/> Unknown at this time	Gross Income Generated by Business (for existing firms only) \$ 96,000.00 _____ 2014 (annually) \$ 85,000.00 _____ 2015 (annually)	Number of employees (excluding yourself) Full time <u> 1 </u> Part time _____
Gender <input checked="" type="radio"/> Female <input type="radio"/> Male DOB: <u> 11 </u> / <u> 1 </u> / 1958	Ethnicity/Race Group <input checked="" type="radio"/> Black/African American <input type="radio"/> Hispanic <input type="radio"/> Asian <input type="radio"/> Native American <input type="radio"/> Other	Employment Status <input type="radio"/> Employed Full Time <input type="radio"/> Employed Part Time <input checked="" type="radio"/> Self Employed Full Time <input type="radio"/> Self Employed Part Time <input type="radio"/> Unemployed

Client Signature:

Tina J. Council

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Houston Area
Urban League

Entrepreneurship Center Intake Form

A Business Incubator for the Urban Entrepreneur

Last Name AGHA	First Name TRACY
Company Name Strategic Alliance Mgmt	Type of Business Consulting, Business Compliance
Street 2326 Diamond Springs Drive	City
State Pearland, TX 77584	Zip Code
Office Number	Fax Number
Mobile Number 713-269-5620	Date 08/15/2016
E-mail tracy.ghae@msn.com	Web Site

Stage of Business <input checked="" type="radio"/> Thinking of Starting a Business <input type="radio"/> In Process of Starting or Acquiring a Business <input type="radio"/> Currently own a business in operation for less than 1 year <input checked="" type="radio"/> Currently own a business in operation for 1 to 5 years <input type="radio"/> Currently own a business in operation for more than 5 years	Form of Business <input checked="" type="radio"/> Sole Proprietorship <input checked="" type="checkbox"/> Using Own Name <input type="checkbox"/> Filed D.B.A. <input type="radio"/> Partnership <input type="radio"/> Corporation <input type="checkbox"/> Regular <input type="checkbox"/> S-Corporation <input type="radio"/> LLC <input type="radio"/> Non Profit <input type="radio"/> Unknown at this time	Type of Business <input type="checkbox"/> Retail <input checked="" type="checkbox"/> Service <input type="checkbox"/> Wholesale, Distribution <input type="checkbox"/> Manufacturing <input type="checkbox"/> Construction <input type="checkbox"/> Finance, Insurance, Real Estate <input type="checkbox"/> Unknown at this time
MWBE Certification Status <input type="radio"/> Certified <input type="radio"/> Application in Process <input type="radio"/> Certification Denied <input checked="" type="radio"/> Have Not Applied <input type="radio"/> Not Eligible	Business Facility <input checked="" type="radio"/> Home Based <input type="radio"/> Own Outside Facility <input type="radio"/> Rent Outside Facility <input type="radio"/> Unknown at this time	Useable Business Plan <input checked="" type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Partial, Needs Work
Income generated by Business <input checked="" type="radio"/> Main Source of Income <input type="radio"/> Supplementary Income <input type="radio"/> Unknown at this time	Gross Income Generated by Business (for existing firms only) \$ <u>65,600.00</u> 2014 (annually) \$ <u>82,000.00</u> 2015 (annually)	Number of employees (excluding yourself) Full time <u>1</u> Part time <u>1</u>
Gender <input checked="" type="radio"/> Female <input type="radio"/> Male DOB: <u>03/28/1964</u>	Ethnicity/Race Group <input checked="" type="radio"/> Black/African American <input type="radio"/> Hispanic <input type="radio"/> Asian <input type="radio"/> Native American <input type="radio"/> Other	Employment Status <input checked="" type="radio"/> Employed Full Time <input type="radio"/> Employed Part Time <input checked="" type="radio"/> Self Employed Full Time <input type="radio"/> Self Employed Part Time <input type="radio"/> Unemployed

Client Signature:

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Houston Area
Urban League

Entrepreneurship Center Intake Form A Business Incubator for the Urban Entrepreneur

Last Name Phillips-Lee	First Name Yolanda
Company Name CYPM Corporation, Inc.	Type of Business Professional Services
Street 3506 Quail Meadow Drive	City Missouri City
State Texas	Zip Code 77459
Office Number 412-680-7509	Fax Number
Mobile Number 412-680-7509	Date August 17, 2016
E-mail cyprncorp	Web Site

Stage of Business <input type="radio"/> Thinking of Starting a Business <input type="radio"/> In Process of Starting or Acquiring a Business <input type="radio"/> Currently own a business in operation for less than 1 year <input checked="" type="radio"/> Currently own a business in operation for 1 to 5 years <input type="radio"/> Currently own a business in operation for more than 5 years	Form of Business <input type="radio"/> Sole Proprietorship <input type="radio"/> Using Own Name <input type="radio"/> Filed D.B.A. <input type="radio"/> Partnership <input checked="" type="radio"/> Corporation <input type="radio"/> Regular <input type="radio"/> S-Corporation <input type="radio"/> LLC <input type="radio"/> Non Profit <input type="radio"/> Unknown at this time	Type of Business <input type="radio"/> Retail <input type="radio"/> Service <input type="radio"/> Wholesale, Distribution <input type="radio"/> Manufacturing <input checked="" type="radio"/> Construction <input type="radio"/> Finance, Insurance, Real Estate <input type="radio"/> Unknown at this time
MWBE Certification Status <input checked="" type="radio"/> Certified <input type="radio"/> Application in Process <input type="radio"/> Certification Denied <input type="radio"/> Have Not Applied <input type="radio"/> Not Eligible	Business Facility <input checked="" type="radio"/> Home Based <input type="radio"/> Own Outside Facility <input type="radio"/> Rent Outside Facility <input type="radio"/> Unknown at this time	Useable Business Plan <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Partial, Needs Work
Income generated by Business <input type="radio"/> Main Source of Income <input type="radio"/> Supplementary Income <input checked="" type="radio"/> Unknown at this time	Gross Income Generated by Business (for existing firms only) \$ 1000.00 _____ 2014 (annually) \$ 800.00 _____ 2015 (annually)	Number of employees (excluding yourself) Full time _____ Part time <u>2</u> _____
Gender <input checked="" type="radio"/> Female <input type="radio"/> Male DOB: <u>10</u> / <u>26</u> / <u>1961</u>	Ethnicity/Race Group <input checked="" type="radio"/> Black/African American <input type="radio"/> Hispanic <input type="radio"/> Asian <input type="radio"/> Native American <input type="radio"/> Other	Employment Status <input type="radio"/> Employed Full Time <input type="radio"/> Employed Part Time <input type="radio"/> Self Employed Full Time <input type="radio"/> Self Employed Part Time <input checked="" type="radio"/> Unemployed

Client Signature:

Yolanda Phillips-Lee

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Houston Area
Urban League

Entrepreneurship Center Intake Form A Business Incubator for the Urban Entrepreneur

Last Name <u>Harvey</u>	First Name <u>James</u>
Company Name <u>ARK Engineers & Cons lt.</u>	Type of Business <u>Engineering</u>
Street <u>9668 Westheimer Rd. #153, Houston</u>	City <u>Houston</u>
State <u>Tx.</u>	Zip Code <u>77063</u>
Office Number	Fax Number <u>832 218 9181</u>
Mobile Number <u>832 236 7165</u>	Date
E-mail <u>jharvey@arkengineer.com</u>	Web Site

Stage of Business <input checked="" type="radio"/> Thinking of Starting a Business <input type="radio"/> In Process of Starting or Acquiring a Business <input type="radio"/> Currently own a business in operation for less than 1 year <input type="radio"/> Currently own a business in operation for 1 to 5 years <input checked="" type="radio"/> Currently own a business in operation for more than 5 years	Form of Business <input checked="" type="radio"/> Sole Proprietorship <input type="radio"/> Using Own Name Filed D.B.A. <input type="radio"/> Partnership <input type="radio"/> Corporation <input type="radio"/> Regular <input type="radio"/> S-Corporation <input checked="" type="radio"/> LLC <input type="radio"/> Non Profit <input type="radio"/> Unknown at this time	Type of Business <input checked="" type="radio"/> Retail <input checked="" type="radio"/> Service <input type="radio"/> Wholesale, Distribution <input type="radio"/> Manufacturing <input type="radio"/> Construction <input type="radio"/> Finance, Insurance, Real Estate <input type="radio"/> Unknown at this time
MWBE Certification Status <input checked="" type="radio"/> Certified <input type="radio"/> Application in Process <input type="radio"/> Certification Denied <input type="radio"/> Have Not Applied <input type="radio"/> Not Eligible	Business Facility <input checked="" type="radio"/> Home Based <input type="radio"/> Own Outside Facility <input checked="" type="radio"/> Rent Outside Facility <input type="radio"/> Unknown at this time	Useable Business Plan <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Partial, Needs Work
Income generated by Business <input checked="" type="radio"/> Main Source of Income <input type="radio"/> Supplementary Income <input type="radio"/> Unknown at this time	Gross Income Generated by Business (for existing firms only) \$ <u>125,000</u> 2014 (annually) \$ <u>175,000</u> 2015 (annually)	Number of employees (excluding yourself) Full time <u>0</u> Part time <u>3</u>
Gender <input checked="" type="radio"/> Female <input checked="" type="radio"/> Male DOB: <u>04/21/16</u>	Ethnicity/Race Group <input checked="" type="radio"/> Black/African American <input type="radio"/> Hispanic <input type="radio"/> Asian <input type="radio"/> Native American <input type="radio"/> Other	Employment Status <input checked="" type="radio"/> Employed Full Time <input type="radio"/> Employed Part Time <input type="radio"/> Self Employed Full Time <input type="radio"/> Self Employed Part Time <input type="radio"/> Unemployed

Client Signature: James Harvey

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Houston Area
Urban League

Entrepreneurship Center Intake Form

A Business Incubator for the Urban Entrepreneur

Last Name Honore	First Name Jordan
Company Name Engreen Power & Light, LLC	Type of Business LED Distribution/Energy Broker
Street 162 Kings Way	City Stafford
State TX	Zip Code 77477
Office Number 832-319-7000	Fax Number 281-929-0423
Mobile Number 832-755-1456	Date 08/23/2016
E-mail support@engreenpower.com	Web Site www.engreenpower.com

Stage of Business <input type="radio"/> Thinking of Starting a Business <input type="radio"/> In Process of Starting or Acquiring a Business <input checked="" type="radio"/> Currently own a business in operation for less than 1 year <input type="radio"/> Currently own a business in operation for 1 to 5 years <input type="radio"/> Currently own a business in operation for more than 5 years	Form of Business <input type="radio"/> Sole Proprietorship <input type="radio"/> Using Own Name <input type="radio"/> Filed D.B.A. <input checked="" type="radio"/> Partnership <input checked="" type="radio"/> Corporation <input type="radio"/> Regular <input type="radio"/> S-Corporation <input type="radio"/> LLC <input type="radio"/> Non Profit <input type="radio"/> Unknown at this time	Type of Business <input type="radio"/> Retail <input type="radio"/> Service <input checked="" type="radio"/> Wholesale, Distribution <input type="radio"/> Manufacturing <input type="radio"/> Construction <input type="radio"/> Finance, Insurance, Real Estate <input type="radio"/> Unknown at this time
MWBE Certification Status <input type="radio"/> Certified <input checked="" type="radio"/> Application in Process <input type="radio"/> Certification Denied <input type="radio"/> Have Not Applied <input type="radio"/> Not Eligible	Business Facility <input checked="" type="radio"/> Home Based <input type="radio"/> Own Outside Facility <input type="radio"/> Rent Outside Facility <input type="radio"/> Unknown at this time	Useable Business Plan <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Partial, Needs Work
Income generated by Business <input checked="" type="radio"/> Main Source of Income <input type="radio"/> Supplementary Income <input type="radio"/> Unknown at this time	Gross Income Generated by Business (for existing firms only) \$ _____ 2014 (annually) \$ _____ 2015 (annually) # <u>85,000</u> 2016	Number of employees (excluding yourself) Full time <u> 2 </u> Part time <u> 2 </u>
Gender <input type="radio"/> Female <input checked="" type="radio"/> Male DOB: <u>06</u> / <u>12</u> / <u>1991</u>	Ethnicity/Race Group <input checked="" type="radio"/> Black/African American <input type="radio"/> Hispanic <input type="radio"/> Asian <input type="radio"/> Native American <input type="radio"/> Other	Employment Status <input checked="" type="radio"/> Employed Full Time <input type="radio"/> Employed Part Time <input type="radio"/> Self Employed Full Time <input type="radio"/> Self Employed Part Time <input type="radio"/> Unemployed

Client Signature:

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Houston Area
Urban League

Entrepreneurship Center Intake Form A Business Incubator for the Urban Entrepreneur

Last Name Henry	First Name Texavier
Company Name 3T Media	Type of Business Graphic Design
Street 2826 Glen Cullen	City Pearland
State TX	Zip Code 77584
Office Number 713-538-3497	Fax Number
Mobile Number 713-538-3497	Date 08/17/16
E-mail info@threetmedia.com	Web Site www.threetmedia.com

Stage of Business <input type="radio"/> Thinking of Starting a Business <input type="radio"/> In Process of Starting or Acquiring a Business <input type="radio"/> Currently own a business in operation for less than 1 year <input checked="" type="radio"/> Currently own a business in operation for 1 to 5 years <input type="radio"/> Currently own a business in operation for more than 5 years	Form of Business <input checked="" type="radio"/> Sole Proprietorship <input type="radio"/> Using Own Name <input type="radio"/> Filed D.B.A. <input type="radio"/> Partnership <input type="radio"/> Corporation <input type="radio"/> Regular <input type="radio"/> S-Corporation <input type="radio"/> LLC <input type="radio"/> Non Profit <input type="radio"/> Unknown at this time	Type of Business <input type="radio"/> Retail <input checked="" type="radio"/> Service <input type="radio"/> Wholesale, Distribution <input type="radio"/> Manufacturing <input type="radio"/> Construction <input type="radio"/> Finance, Insurance, Real Estate <input type="radio"/> Unknown at this time
MWBE Certification Status <input type="radio"/> Certified <input type="radio"/> Application in Process <input type="radio"/> Certification Denied <input checked="" type="radio"/> Have Not Applied <input type="radio"/> Not Eligible	Business Facility <input checked="" type="radio"/> Home Based <input type="radio"/> Own Outside Facility <input type="radio"/> Rent Outside Facility <input type="radio"/> Unknown at this time	Useable Business Plan <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Partial, Needs Work
Income generated by Business <input checked="" type="radio"/> Main Source of Income <input type="radio"/> Supplementary Income <input type="radio"/> Unknown at this time	Gross Income Generated by Business <i>(for existing firms only)</i> \$ <u>8,000</u> _____ 2014 (annually) \$ <u>9,000</u> _____ 2015 (annually)	Number of employees <i>(excluding yourself)</i> Full time <u>1</u> _____ Part time _____
Gender <input type="radio"/> Female <input checked="" type="radio"/> Male DOB: <u>6</u> / <u>14</u> / 1988	Ethnicity/Race Group <input checked="" type="radio"/> Black/African American <input type="radio"/> Hispanic <input type="radio"/> Asian <input type="radio"/> Native American <input type="radio"/> Other	Employment Status <input type="radio"/> Employed Full Time <input type="radio"/> Employed Part Time <input checked="" type="radio"/> Self Employed Full Time <input type="radio"/> Self Employed Part Time <input type="radio"/> Unemployed

Client Signature: Texavier Henry

Please email this form to LNorwood@lreneellc.com or fax to (713) 393-8774



Houston Area
Urban League

Entrepreneurship Center Intake Form A Business Incubator for the Urban Entrepreneur

Last Name Bessard	First Name Terry
Company Name HlghStar Communications	Type of Business Writing and Consulting
Street 8527 Candlegreen Lane	City Houston
State Texas	Zip Code 77071
Office Number 281.235.7914	Fax Number 713.272.7222
Mobile Number 281.235.7914	Date 8/17/16
E-mail highstar@mail.com	Web Site highstarcom.com

Stage of Business <input type="radio"/> Thinking of Starting a Business <input type="radio"/> In Process of Starting or Acquiring a Business <input type="radio"/> Currently own a business in operation for less than 1 year <input type="radio"/> Currently own a business in operation for 1 to 5 years <input checked="" type="radio"/> Currently own a business in operation for more than 5 years	Form of Business <input checked="" type="radio"/> Sole Proprietorship <input type="radio"/> Using Own Name Filed D.B.A. <input type="radio"/> Partnership <input type="radio"/> Corporation <input type="radio"/> Regular <input type="radio"/> S-Corporation <input type="radio"/> LLC <input type="radio"/> Non Profit <input type="radio"/> Unknown at this time	Type of Business <input type="radio"/> Retail <input checked="" type="radio"/> Service <input type="radio"/> Wholesale, Distribution <input type="radio"/> Manufacturing <input type="radio"/> Construction <input type="radio"/> Finance, Insurance, Real Estate <input type="radio"/> Unknown at this time
MWBE Certification Status <input type="radio"/> Certified <input type="radio"/> Application in Process <input type="radio"/> Certification Denied <input checked="" type="radio"/> Have Not Applied <input type="radio"/> Not Eligible	Business Facility <input checked="" type="radio"/> Home Based <input type="radio"/> Own Outside Facility <input type="radio"/> Rent Outside Facility <input type="radio"/> Unknown at this time	Useable Business Plan <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Partial, Needs Work
Income generated by Business <input checked="" type="radio"/> Main Source of Income <input type="radio"/> Supplementary Income <input type="radio"/> Unknown at this time	Gross Income Generated by Business (for existing firms only) \$71,500 _____ 2014 (annually) \$71,500 _____ 2015 (annually)	Number of employees (excluding yourself) Full time <u>0</u> Part time <u>0</u>
Gender <input checked="" type="radio"/> Female <input type="radio"/> Male DOB: <u>03</u> / <u>22</u> / <u>56</u>	Ethnicity/Race Group <input checked="" type="radio"/> Black/African American <input type="radio"/> Hispanic <input type="radio"/> Asian <input type="radio"/> Native American <input type="radio"/> Other	Employment Status <input type="radio"/> Employed Full Time <input type="radio"/> Employed Part Time <input checked="" type="radio"/> Self Employed Full Time <input type="radio"/> Self Employed Part Time <input type="radio"/> Unemployed

Client Signature: 

Please email this form to LNorwood@lreneellc.com or fax to (713) 393-8774



Houston Area
Urban League

Entrepreneurship Center Intake Form

A Business Incubator for the Urban Entrepreneur

Last Name <u>Johnson</u>	First Name <u>Godfrey</u>
Company Name <u>Mildew Men</u>	Type of Business <u>Services</u>
Street <u>15330 O'HARA</u>	City <u>Missouri City</u>
State <u>TX</u> <u>77489</u>	Zip Code <u>77489</u>
Office Number <u>713 557-7135</u>	Fax Number
Mobile Number <u>713 557-7135</u>	Date <u>8/24/16</u>
E-mail <u>godfreyjohnsonjr@yahoo.com</u>	Web Site

Stage of Business <input type="radio"/> Thinking of Starting a Business <input type="radio"/> In Process of Starting or Acquiring a Business <input type="radio"/> Currently own a business in operation for less than 1 year <input type="radio"/> Currently own a business in operation for 1 to 5 years <input checked="" type="radio"/> Currently own a business in operation for more than 5 years	Form of Business <input type="radio"/> Sole Proprietorship <input checked="" type="radio"/> Using Own Name Filed D.B.A. <input type="radio"/> Partnership <input type="radio"/> Corporation <input type="radio"/> Regular <input type="radio"/> S-Corporation <input type="radio"/> LLC <input type="radio"/> Non Profit <input type="radio"/> Unknown at this time	Type of Business <input type="radio"/> Retail <input checked="" type="radio"/> Service <input type="radio"/> Wholesale, Distribution <input type="radio"/> Manufacturing <input type="radio"/> Construction <input checked="" type="radio"/> Finance, Insurance, Real Estate <input type="radio"/> Unknown at this time
MWBE Certification Status <input type="radio"/> Certified <input type="radio"/> Application in Process <input type="radio"/> Certification Denied <input type="radio"/> Have Not Applied <input checked="" type="radio"/> Not Eligible	Business Facility <input checked="" type="radio"/> Home Based <input type="radio"/> Own Outside Facility <input type="radio"/> Rent Outside Facility <input type="radio"/> Unknown at this time	Useable Business Plan <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Partial, Needs Work
Income generated by Business <input checked="" type="radio"/> Main Source of Income <input type="radio"/> Supplementary Income <input type="radio"/> Unknown at this time	Gross Income Generated by Business (for existing firms only) \$ <u>90,000 +</u> 2014 (annually) \$ <u>100,000 +</u> 2015 (annually)	Number of employees (excluding yourself) Full time <u>4</u> Part time <u>2</u>
Gender <input type="radio"/> Female <input checked="" type="radio"/> Male DOB: <u>8/19/74</u>	Ethnicity/Race Group <input checked="" type="radio"/> Black/African American <input type="radio"/> Hispanic <input type="radio"/> Asian <input type="radio"/> Native American <input type="radio"/> Other	Employment Status <input checked="" type="radio"/> Employed Full Time <input type="radio"/> Employed Part Time <input type="radio"/> Self Employed Full Time <input type="radio"/> Self Employed Part Time <input type="radio"/> Unemployed

Client Signature:

Please email this form to LNorwood@lreneellc.com or fax to (713) 393-8774



Houston Area
Urban League

Entrepreneurship Center Intake Form

A Business Incubator for the Urban Entrepreneur

Last Name <u>Luter</u>	First Name <u>Jacqueline</u>
Company Name <u>WalkerCom Inc.</u>	Type of Business <u>Telecommunications</u>
Street <u>2213 GARDEN Rd.</u>	City <u>PEARLAND</u>
State <u>TX</u>	Zip Code <u>77581</u>
Office Number <u>281-997-5713</u>	Fax Number <u>281-997-5750</u>
Mobile Number <u>281-795-0241</u>	Date <u>8-24-2016</u>
E-mail <u>jacqueline.luter@walkercom.com</u>	Web Site <u>www.walkercom.com</u>

Stage of Business <input checked="" type="radio"/> Thinking of Starting a Business <input type="radio"/> In Process of Starting or Acquiring a Business <input type="radio"/> Currently own a business in operation for less than 1 year <input type="radio"/> Currently own a business in operation for 1 to 5 years <input checked="" type="radio"/> Currently own a business in operation for more than 5 years <i>Do not own - currently employed by Hispanic business owner.</i>	Form of Business <input checked="" type="radio"/> Sole Proprietorship <input type="radio"/> Using Own Name Filed D.B.A. <input type="radio"/> Partnership <input checked="" type="radio"/> Corporation <input checked="" type="radio"/> Regular <input type="radio"/> S-Corporation <input type="radio"/> LLC <input type="radio"/> Non Profit <input type="radio"/> Unknown at this time	Type of Business <input type="radio"/> Retail <input checked="" type="radio"/> Service <u>Telecommunications</u> <input type="radio"/> Wholesale, Distribution <input type="radio"/> Manufacturing <input type="radio"/> Construction <input type="radio"/> Finance, Insurance, Real Estate <input type="radio"/> Unknown at this time
MWBE Certification Status <input checked="" type="radio"/> Certified <input type="radio"/> Application in Process <input type="radio"/> Certification Denied <input type="radio"/> Have Not Applied <input type="radio"/> Not Eligible	Business Facility <input checked="" type="radio"/> Home Based <input checked="" type="radio"/> Own Outside Facility <input type="radio"/> Rent Outside Facility <input type="radio"/> Unknown at this time	Useable Business Plan <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Partial, Needs Work
Income generated by Business <input checked="" type="radio"/> Main Source of Income <input type="radio"/> Supplementary Income <input type="radio"/> Unknown at this time	Gross Income Generated by Business (for existing firms only) \$ <u>2.5 mm</u> 2014 (annually) \$ <u>2mm</u> 2015 (annually)	Number of employees (excluding yourself) Full time <u>20</u> Part time <u>0</u>
Gender <input checked="" type="radio"/> Female <input type="radio"/> Male DOB: <u>10/29/1960</u>	Ethnicity/Race Group <input checked="" type="radio"/> Black/African American <input checked="" type="radio"/> Hispanic <input type="radio"/> Asian <input type="radio"/> Native American <input type="radio"/> Other	Employment Status <input checked="" type="radio"/> Employed Full Time <input type="radio"/> Employed Part Time <input type="radio"/> Self Employed Full Time <input type="radio"/> Self Employed Part Time <input type="radio"/> Unemployed

Client Signature:

Jacqueline Luter

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Houston Area
Urban League

Entrepreneurship Center Intake Form A Business Incubator for the Urban Entrepreneur

Last Name <u>Wilson</u>	First Name <u>Shelia</u>
Company Name <u>WAF of Faith</u>	Type of Business <u>Church</u>
Street <u>320 PENNSYLVANIA</u>	City <u>Houston</u>
State <u>TX</u>	Zip Code <u>77029</u>
Office Number <u>832-788-2125</u>	Fax Number
Mobile Number	Date
E-mail <u>habakkuk223199@yahoo.com</u>	Web Site <u>wafcofc.mymobilite.us</u>

Stage of Business <input checked="" type="radio"/> Thinking of Starting a Business <input type="radio"/> In Process of Starting or Acquiring a Business <input type="radio"/> Currently own a business in operation for less than 1 year <input type="radio"/> Currently own a business in operation for 1 to 5 years <input checked="" type="radio"/> Currently own a business in operation for more than 5 years	Form of Business <input checked="" type="radio"/> Sole Proprietorship <input type="radio"/> Using Own Name Filed D.B.A. <input type="radio"/> Partnership <input type="radio"/> Corporation <input type="radio"/> Regular <input type="radio"/> S-Corporation <input type="radio"/> LLC <input checked="" type="radio"/> Non Profit <input type="radio"/> Unknown at this time	Type of Business <input checked="" type="radio"/> Retail <input type="radio"/> Service <input type="radio"/> Wholesale, Distribution <input type="radio"/> Manufacturing <input type="radio"/> Construction <input type="radio"/> Finance, Insurance, Real Estate <input type="radio"/> Unknown at this time <p style="text-align: center;"><u>Church</u></p>
MWBE Certification Status <input type="radio"/> Certified <input type="radio"/> Application in Process <input type="radio"/> Certification Denied <input type="radio"/> Have Not Applied <input checked="" type="radio"/> Not Eligible	Business Facility <input checked="" type="radio"/> Home Based <input type="radio"/> Own Outside Facility <input type="radio"/> Rent Outside Facility <input type="radio"/> Unknown at this time	Useable Business Plan <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Partial, Needs Work
Income generated by Business <input checked="" type="radio"/> Main Source of Income <input type="radio"/> Supplementary Income <input type="radio"/> Unknown at this time <p style="text-align: center;"><u>Members & Donations</u></p>	Gross Income Generated by Business (for existing firms only) \$ <u>25,000.00</u> 2014 (annually) \$ <u>30,000.00</u> 2015 (annually)	Number of employees (excluding yourself) <u>0</u> Full time <u>N/A</u> Part time <u>N/A</u>
Gender <input checked="" type="radio"/> Female <input type="radio"/> Male DOB: <u>11/21/60</u>	Ethnicity/Race Group <input checked="" type="radio"/> Black/African American <input type="radio"/> Hispanic <input type="radio"/> Asian <input type="radio"/> Native American <input type="radio"/> Other	Employment Status <input checked="" type="radio"/> Employed Full Time <input type="radio"/> Employed Part Time <input type="radio"/> Self Employed Full Time <input type="radio"/> Self Employed Part Time <input checked="" type="radio"/> Unemployed

Client Signature:

Please email this form to LNorwood@ireneellc.com or fax to (713) 393-8774



Houston Area
Urban League

Entrepreneurship Center Intake Form A Business Incubator for the Urban Entrepreneur

Last Name Reaux	First Name Glen
Company Name LiveWell Insurance Products, Inc.	Type of Business Financial Services
Street 11046 Dalebrook	City Houston
State Texas	Zip Code 77054
Office Number	Fax Number
Mobile Number 281-827-7909	Date 08/15/2016
E-mail g.reaux@thenewfaceofhealthcare.com	Web Site www.medicalrebate.com

Stage of Business <input type="radio"/> Thinking of Starting a Business <input type="radio"/> In Process of Starting or Acquiring a Business <input type="radio"/> Currently own a business in operation for less than 1 year <input checked="" type="radio"/> Currently own a business in operation for 1 to 5 years <input type="radio"/> Currently own a business in operation for more than 5 years	Form of Business <input type="radio"/> Sole Proprietorship <input type="radio"/> Using Own Name <input type="radio"/> Filed D.B.A. <input type="radio"/> Partnership <input checked="" type="radio"/> Corporation <input type="radio"/> Regular <input type="radio"/> S-Corporation <input type="radio"/> LLC <input type="radio"/> Non Profit <input type="radio"/> Unknown at this time	Type of Business <input type="radio"/> Retail <input type="radio"/> Service <input type="radio"/> Wholesale, Distribution <input type="radio"/> Manufacturing <input type="radio"/> Construction <input checked="" type="radio"/> Finance, Insurance, Real Estate <input type="radio"/> Unknown at this time
MWBE Certification Status <input checked="" type="radio"/> Certified <input type="radio"/> Application in Process <input type="radio"/> Certification Denied <input type="radio"/> Have Not Applied <input type="radio"/> Not Eligible	Business Facility <input checked="" type="radio"/> Home Based <input type="radio"/> Own Outside Facility <input type="radio"/> Rent Outside Facility <input type="radio"/> Unknown at this time	Useable Business Plan <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Partial, Needs Work
Income generated by Business <input checked="" type="radio"/> Main Source of Income <input type="radio"/> Supplementary Income <input type="radio"/> Unknown at this time	Gross Income Generated by Business <i>(for existing firms only)</i> \$ 0.00 _____ 2014 (annually) \$ 0.00 _____ 2015 (annually)	Number of employees <i>(excluding yourself)</i> Full time <u> 1 </u> Part time <u> 2 </u>
Gender <input type="radio"/> Female <input checked="" type="radio"/> Male DOB: <u>03</u> / <u>03</u> / <u>1051</u>	Ethnicity/Race Group <input checked="" type="radio"/> Black/African American <input type="radio"/> Hispanic <input type="radio"/> Asian <input type="radio"/> Native American <input type="radio"/> Other	Employment Status <input checked="" type="radio"/> Employed Full Time <input type="radio"/> Employed Part Time <input type="radio"/> Self Employed Full Time <input type="radio"/> Self Employed Part Time <input type="radio"/> Unemployed

Client Signature: Glen J. Reaux

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Houston Area
Urban League

Entrepreneurship Center Intake Form A Business Incubator for the Urban Entrepreneur

Last Name Jackson	First Name Haley
Company Name N/A	Type of Business N/A
Street 2332 Naomi St	City Houston
State TX	Zip Code 77054
Office Number N/A	Fax Number N/A
Mobile Number 706-766-0139	Date 8/17/2016
E-mail ingeniousjackson@gmail.com	Web Site N/A

<p>Stage of Business</p> <p><input checked="" type="radio"/> Thinking of Starting a Business</p> <p><input type="radio"/> In Process of Starting or Acquiring a Business</p> <p><input type="radio"/> Currently own a business in operation for less than 1 year</p> <p><input type="radio"/> Currently own a business in operation for 1 to 5 years</p> <p><input type="radio"/> Currently own a business in operation for more than 5 years</p>	<p>Form of Business</p> <p><input type="radio"/> Sole Proprietorship</p> <p style="padding-left: 20px;"><input type="radio"/> Using Own Name Filed D.B.A.</p> <p><input type="radio"/> Partnership</p> <p><input type="radio"/> Corporation</p> <p style="padding-left: 20px;"><input type="radio"/> Regular</p> <p style="padding-left: 20px;"><input type="radio"/> S-Corporation</p> <p style="padding-left: 20px;"><input type="radio"/> LLC</p> <p style="padding-left: 20px;"><input type="radio"/> Non Profit</p> <p><input checked="" type="radio"/> Unknown at this time</p>	<p>Type of Business</p> <p><input type="radio"/> Retail</p> <p><input checked="" type="radio"/> Service</p> <p><input type="radio"/> Wholesale, Distribution</p> <p><input type="radio"/> Manufacturing</p> <p><input type="radio"/> Construction</p> <p><input type="radio"/> Finance, Insurance, Real Estate</p> <p><input type="radio"/> Unknown at this time</p>
<p>MWBE Certification Status</p> <p><input type="radio"/> Certified</p> <p><input type="radio"/> Application in Process</p> <p><input type="radio"/> Certification Denied</p> <p><input checked="" type="radio"/> Have Not Applied</p> <p><input type="radio"/> Not Eligible</p>	<p>Business Facility</p> <p><input type="radio"/> Home Based</p> <p><input type="radio"/> Own Outside Facility</p> <p><input type="radio"/> Rent Outside Facility</p> <p><input checked="" type="radio"/> Unknown at this time</p>	<p>Useable Business Plan</p> <p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> Partial, Needs Work</p>
<p>Income generated by Business</p> <p><input type="radio"/> Main Source of Income</p> <p><input type="radio"/> Supplementary Income</p> <p><input checked="" type="radio"/> Unknown at this time</p>	<p>Gross Income Generated by Business <i>(for existing firms only)</i></p> <p>\$ _____ 2014 (annually)</p> <p>\$ _____ 2015 (annually)</p>	<p>Number of employees <i>(excluding yourself)</i></p> <p>Full time _____</p> <p>Part time _____</p>
<p>Gender</p> <p><input checked="" type="radio"/> Female</p> <p><input type="radio"/> Male</p> <p>DOB: ___/___/1983</p>	<p>Ethnicity/Race Group</p> <p><input checked="" type="radio"/> Black/African American</p> <p><input type="radio"/> Hispanic</p> <p><input type="radio"/> Asian</p> <p><input type="radio"/> Native American</p> <p><input type="radio"/> Other</p>	<p>Employment Status</p> <p><input checked="" type="radio"/> Employed Full Time</p> <p><input type="radio"/> Employed Part Time</p> <p><input type="radio"/> Self Employed Full Time</p> <p><input type="radio"/> Self Employed Part Time</p> <p><input type="radio"/> Unemployed</p>

Client Signature: Haley Jackson

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Houston Area
Urban League

Entrepreneurship Center Intake Form A Business Incubator for the Urban Entrepreneur

Last Name <u>Edunborougn</u>	First Name <u>Australia</u>
Company Name <u>Persuaded Faces</u>	Type of Business <u>Health & Beauty</u>
Street <u>4100 N. Main Street #125</u>	City <u>Bartown</u>
State <u>Texas</u>	Zip Code <u>75211</u>
Office Number	Fax Number
Mobile Number <u>936-745-0223</u>	Date <u>August 16, 2016</u>
E-mail <u>Australia.Edunborougn@gmail</u>	Web Site <u>www.marykay.com/AustraliaE</u>

Stage of Business <input checked="" type="radio"/> Thinking of Starting a Business <input type="radio"/> In Process of Starting or Acquiring a Business <input type="radio"/> Currently own a business in operation for less than 1 year <input checked="" type="radio"/> Currently own a business in operation for 1 to 5 years <input type="radio"/> Currently own a business in operation for more than 5 years	Form of Business <input checked="" type="radio"/> Sole Proprietorship <input type="radio"/> Using Own Name Filed D.B.A. <input type="radio"/> Partnership <input type="radio"/> Corporation <input type="radio"/> Regular <input type="radio"/> S-Corporation <input type="radio"/> LLC <input type="radio"/> Non Profit <input type="radio"/> Unknown at this time	Type of Business <input type="radio"/> Retail <input checked="" type="radio"/> Service <input type="radio"/> Wholesale, Distribution <input type="radio"/> Manufacturing <input type="radio"/> Construction <input type="radio"/> Finance, Insurance, Real Estate <input type="radio"/> Unknown at this time
MWBE Certification Status <input type="radio"/> Certified <input type="radio"/> Application in Process <input type="radio"/> Certification Denied <input type="radio"/> Have Not Applied <input checked="" type="radio"/> Not Eligible	Business Facility <input checked="" type="radio"/> Home Based <input type="radio"/> Own Outside Facility <input type="radio"/> Rent Outside Facility <input type="radio"/> Unknown at this time	Useable Business Plan <input checked="" type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Partial, Needs Work
Income generated by Business <input checked="" type="radio"/> Main Source of Income <input checked="" type="radio"/> Supplementary Income <input type="radio"/> Unknown at this time	Gross Income Generated by Business (for existing firms only) \$ _____ 2014 (annually) \$ _____ 2015 (annually)	Number of employees (excluding yourself) <input type="radio"/> Full time _____ Part time <input checked="" type="checkbox"/>
Gender <input checked="" type="radio"/> Female <input type="radio"/> Male DOB: <u>5/3/88</u>	Ethnicity/Race Group <input checked="" type="radio"/> Black/African American <input type="radio"/> Hispanic <input type="radio"/> Asian <input type="radio"/> Native American <input type="radio"/> Other	Employment Status <input checked="" type="radio"/> Employed Full Time <input type="radio"/> Employed Part Time <input type="radio"/> Self Employed Full Time <input type="radio"/> Self Employed Part Time <input type="radio"/> Unemployed

Client Signature:

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Houston Area
Urban League

Entrepreneurship Center Intake Form

A Business Incubator for the Urban Entrepreneur

Last Name Ezenekwe	First Name Ifeanyi
Company Name Tikon Group Inc	Type of Business Construction
Street 6335 Gulfon St Suite 201	City Houston
State Texas	Zip Code 77081
Office Number 713-988-1669	Fax Number 713-988-2082
Mobile Number 832-897-3959	Date 08-15-2016
E-mail why3days@gmail.com	Web Site

<p>Stage of Business</p> <p><input type="radio"/> Thinking of Starting a Business</p> <p><input checked="" type="radio"/> In Process of Starting or Acquiring a Business</p> <p><input type="radio"/> Currently own a business in operation for less than 1 year</p> <p><input type="radio"/> Currently own a business in operation for 1 to 5 years</p> <p><input type="radio"/> Currently own a business in operation for more than 5 years</p>	<p>Form of Business</p> <p><input type="radio"/> Sole Proprietorship</p> <p style="padding-left: 20px;"><input checked="" type="radio"/> Using Own Name Filed D.B.A.</p> <p><input type="radio"/> Partnership</p> <p><input type="radio"/> Corporation</p> <p style="padding-left: 20px;"><input type="radio"/> Regular</p> <p style="padding-left: 20px;"><input type="radio"/> S-Corporation</p> <p style="padding-left: 20px;"><input type="radio"/> LLC</p> <p style="padding-left: 20px;"><input type="radio"/> Non Profit</p> <p><input type="radio"/> Unknown at this time</p>	<p>Type of Business</p> <p><input type="radio"/> Retail</p> <p><input type="radio"/> Service</p> <p><input type="radio"/> Wholesale, Distribution</p> <p><input type="radio"/> Manufacturing</p> <p><input checked="" type="radio"/> Construction</p> <p><input type="radio"/> Finance, Insurance, Real Estate</p> <p><input type="radio"/> Unknown at this time</p>
<p>MWBE Certification Status</p> <p><input type="radio"/> Certified</p> <p><input type="radio"/> Application in Process</p> <p><input type="radio"/> Certification Denied</p> <p><input type="radio"/> Have Not Applied</p> <p><input checked="" type="radio"/> Not Eligible</p>	<p>Business Facility</p> <p><input checked="" type="radio"/> Home Based</p> <p><input type="radio"/> Own Outside Facility</p> <p><input type="radio"/> Rent Outside Facility</p> <p><input type="radio"/> Unknown at this time</p>	<p>Useable Business Plan</p> <p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> Partial, Needs Work</p>
<p>Income generated by Business</p> <p><input type="radio"/> Main Source of Income</p> <p><input type="radio"/> Supplementary Income</p> <p><input checked="" type="radio"/> Unknown at this time</p>	<p>Gross Income Generated by Business (for existing firms only)</p> <p>\$ _____ 2014 (annually)</p> <p>\$ _____ 2015 (annually)</p>	<p>Number of employees (excluding yourself)</p> <p>Full time _____</p> <p>Part time _____</p>
<p>Gender</p> <p><input type="radio"/> Female</p> <p><input checked="" type="radio"/> Male</p> <p>DOB: ___/___/1977</p>	<p>Ethnicity/Race Group</p> <p><input checked="" type="radio"/> Black/African American</p> <p><input type="radio"/> Hispanic</p> <p><input type="radio"/> Asian</p> <p><input type="radio"/> Native American</p> <p><input type="radio"/> Other</p>	<p>Employment Status</p> <p><input checked="" type="radio"/> Employed Full Time</p> <p><input type="radio"/> Employed Part Time</p> <p><input type="radio"/> Self Employed Full Time</p> <p><input type="radio"/> Self Employed Part Time</p> <p><input type="radio"/> Unemployed</p>

Client Signature:

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Houston Area
Urban League

Entrepreneurship Center Intake Form A Business Incubator for the Urban Entrepreneur

Last Name Martin	First Name Fulton
Company Name Jus Q'n Catering and More	Type of Business Catering
Street 8203 Westbank Ave.	City Houston
State TX	Zip Code 77064
Office Number 832-646-9450	Fax Number
Mobile Number 832-646-9450	Date 8/25/16
E-mail fultonm742@gmail.com	Web Site

<p>Stage of Business</p> <p><input type="radio"/> Thinking of Starting a Business</p> <p><input type="radio"/> In Process of Starting or Acquiring a Business</p> <p><input type="radio"/> Currently own a business in operation for less than 1 year</p> <p><input checked="" type="radio"/> Currently own a business in operation for 1 to 5 years</p> <p><input type="radio"/> Currently own a business in operation for more than 5 years</p>	<p>Form of Business</p> <p><input checked="" type="radio"/> Sole Proprietorship</p> <p style="padding-left: 20px;"><input type="radio"/> Using Own Name <input type="radio"/> Filed D.B.A.</p> <p><input type="radio"/> Partnership</p> <p><input type="radio"/> Corporation</p> <p style="padding-left: 20px;"><input type="radio"/> Regular <input type="radio"/> S-Corporation <input type="radio"/> LLC <input type="radio"/> Non Profit</p> <p><input type="radio"/> Unknown at this time</p>	<p>Type of Business</p> <p><input type="radio"/> Retail</p> <p><input checked="" type="radio"/> Service</p> <p><input type="radio"/> Wholesale, Distribution</p> <p><input type="radio"/> Manufacturing</p> <p><input type="radio"/> Construction</p> <p><input type="radio"/> Finance, Insurance, Real Estate</p> <p><input type="radio"/> Unknown at this time</p>
<p>MWBE Certification Status</p> <p><input type="radio"/> Certified</p> <p><input type="radio"/> Application in Process</p> <p><input type="radio"/> Certification Denied</p> <p><input checked="" type="radio"/> Have Not Applied</p> <p><input type="radio"/> Not Eligible</p>	<p>Business Facility</p> <p><input checked="" type="radio"/> Home Based</p> <p><input type="radio"/> Own Outside Facility</p> <p><input type="radio"/> Rent Outside Facility</p> <p><input type="radio"/> Unknown at this time</p>	<p>Useable Business Plan</p> <p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> Partial, Needs Work</p>
<p>Income generated by Business</p> <p><input checked="" type="radio"/> Main Source of Income</p> <p><input type="radio"/> Supplementary Income</p> <p><input type="radio"/> Unknown at this time</p>	<p>Gross Income Generated by Business <i>(for existing firms only)</i></p> <p>\$ \$4,000 _____ 2014 (annually)</p> <p>\$ \$7,000 _____ 2015 (annually)</p>	<p>Number of employees <i>(excluding yourself)</i></p> <p>Full time <u> 1 </u></p> <p>Part time _____</p>
<p>Gender</p> <p><input type="radio"/> Female</p> <p><input checked="" type="radio"/> Male</p> <p>DOB: <u> 11 </u> / <u> 12 </u> / <u> 68 </u></p>	<p>Ethnicity/Race Group</p> <p><input checked="" type="radio"/> Black/African American</p> <p><input type="radio"/> Hispanic</p> <p><input type="radio"/> Asian</p> <p><input type="radio"/> Native American</p> <p><input type="radio"/> Other</p>	<p>Employment Status</p> <p><input type="radio"/> Employed Full Time</p> <p><input type="radio"/> Employed Part Time</p> <p><input type="radio"/> Self Employed Full Time</p> <p><input checked="" type="radio"/> Self Employed Part Time</p> <p><input type="radio"/> Unemployed</p>

Client Signature: FULTON MARTIN

Please email this form to LNorwood@Ireneellc.com or fax to (713) 393-8774