



P.O. Box 153, LeRoy, IL 61752  
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E-MAIL: info@INTheSpiritConsulting.com

*Helping You Realize the Potential of Your Passion*

**The  
Business  
Brainery**

**Initial Business Evaluation Questionnaire**

**Fill-out this form completely and return via mail, e-mail or fax.**

*Please note--all information provided is held strictly confidential and is used to help analyze your business needs by In The Spirit Consulting.*

Business Name

Name

Address

City  State  Zip

Business Phone  Home Phone

E-mail Address  Website

How long have you been in business?

Formal Education (High School, College, Graduate Degree). If college degree, list:

What is the approximate size of the population in your area?

Population of Town or City  County  Trade Area

Describe the products and/or services you offer:



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What is the dollar amount of your gross sales for the last full calendar year?

Do you rent or own your business building?

If renting, what is your monthly payment  and what does it include?

Is your business a  sole proprietorship,  partnership,  
 subchapter S corporation  Limited Liability Corp. (LLC)

Does your business presently carry any debt? If yes list the type, terms, repayment length in terms, and total amount of the loan(s).

Type of debt	Interest rate	Payment amount	Balance Due

Describe how most of your clients find out about your business.

Do you have a database of your clients?  Yes  No

If yes, how many clients are in your database?

Do you send a company newsletter to your client base?  Yes  No

If yes, how often?



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Do you have employees? If so, list the type of work each does, and the number of hours they typically work per week. Identify if a spouse or other family member is involved in your business.

Employee	Related?	# of Hours	Wage\$

List 5 major business problems or concerns, and discuss what you hope to accomplish with your business in the next 18 months.