



Business Incubator Application

P-L-E-A-S-E P-R-I-N-T

Today's Date: 7/24, 2014

What is your Name:

CHEN T GREG
Last Name Middle Initial First Name

5320 GROVE MNR
Home Address

LADY LAKE FL 32159
City State Zip Code

Company Name:

MAYFLOWER PERSONAL CARE LLC PO BOX 654
Business Address

LADY LAKE FL 32159
City State Zip Code

Home Telephone: (908) 309 - 5262 Business E-Mail: _____

Cellular Telephone: (352) 533 - 7774 Personal E-Mail: GTC108@HOTMAIL.COM

Business Telephone: (352) 325 - 1411 Website Address: WWW.MAYFLOWERPERSONALCARE.COM

Fax Number: () - FL Driver License#: C500 298 76 3490

How did you hear about the LBTC Business Incubator Program? _____

1. Check Highest Level of Education: High School Graduate Junior College College Graduate Technical School Some College Graduate Degree
2. Have you ever taken any business courses or workshops? Yes No
Please explain where and when: _____
3. What type of business do you plan to start? HOME MAKER COMPANION / SITTER
4. Proposed New Company Name: MAYFLOWER PERSONAL CARE
5. If starting a new business, do you have experience in that field? Yes No
How Long: _____ years Please explain: _____
6. Have you ever owned a business? Yes No If yes, what type? _____
7. What happened with your previous business? _____
8. Do you currently own a business? Yes If yes, how long? 1 years No
Name of present business: MAYFLOWER
Current number of employees: 3
9. Is your business legally established in the State of Florida? Yes Year Established 2014 No
If yes: Sole Proprietorship Fictitious Name Registered Partnership
 Corporation: Type S Type C Limited Liability Company (LLC)

10. Do you have a valid County & City Occupational License? Yes No
 Are you certified through other agencies? Yes No
 If yes, are you a MBE SBA Contractor/Builder other AHC A
11. Will your business need the following: LBTC Office Space Home Office
 Storefront Warehouse Other: _____
12. Projected number of employees working for you after working with the LBTC: 10 How many employees can be hired from the Target Area in Leesburg? 80%
13. Do you have a business plan? Yes No
14. Do you have a written list of personal and business goals? Yes No
15. Do you have a marketing plan? Yes No
16. Do you have a proposed budget for your business? Yes No
17. Have you prepared a proposed budget for your personal finances? Yes No
18. What type of assistance are you seeking from LBTC Business Incubator? (For example) start-up assistance, organizations, bookkeeping, purchasing, planning, sales, marketing, promotions, HR issues, credit repair, housing assistance, office space, government certification, loans, grants, training, business plan, marketing plan, advertising plan, etc.
 Please Explain:
TRAINING, OFFICE SPACE, MENTORING

19. How many hours a week can you commit to the LBTC Business Incubator helping you develop your business and the tasks you need to complete? 1-5 6-10 11+ Hours
20. Date of birth: 9/29/76 Country of birth: TAIWAN
21. Are you a U.S. Citizen? Yes No
22. Ethnicity: Hispanic African American Caribbean Islander Haitian
 Caucasian Native American Asian
23. PLEASE RETURN THIS APPLICATION TO: Leesburg Business Incubator, City of Leesburg, 600 Market Street, Leesburg, FL 34748 LBTC USE ONLY:

Staff Member Initials: _____ Date Application Received: _____ Date of Initial Contact: _____
 Type of business: Start-Up New/Emerging Existing Re-Instatement