

# Leesburg Business & Technology Center

## Business Incubator Application

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

Today's Date: July 9, 2014

What is your Name: Dudley L. Wandretta  
Last Name Middle Initial First Name

2106 BUTLER ST  
Home Address  
LEESBURG FL 34798  
City State Zip Code

Company Name: Love Thy NEIGHBOR  
Business Address  
2106 BUTLER ST LEESBURG FL 34798  
City State Zip Code

Home Telephone: (352) 487-4497 Business E-Mail: DUDL828@AOL.COM  
 Cellular Telephone: (352) 409-0919 Personal E-Mail: \_\_\_\_\_  
 Business Telephone: (352) 431-9086 Website Address: \_\_\_\_\_  
 Fax Number: (352) 487-0997 FL. Driver License#: \_\_\_\_\_

How did you hear about the LBTC Business Incubator Program? Referral from John Christen

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 Health Care
4. Proposed New Company Name: Love Thy NEIGHBOR CARE
5. If starting a new business, do you have experience in that field?  Yes  No  
 How Long: 9 years Please explain: Personal Care Assistance
6. Have you ever owned a business?  Yes  No If yes, what type? Group Home
7. What happened with your previous business? Still in operation
8. Do you currently own a business?  Yes  No If yes, how long? \_\_\_\_\_ years  No  
 Name of present business: Love Thy NEIGHBOR  
 Current number of employees: 22
9. Is your business legally established in the State of Florida?  Yes Year Established 2006  No  
 If yes:  Sole Proprietorship  Fictitious Name Registered  Partnership  
 Corporation:  Type S  Type C  Limited Liability Company (LLC)

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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 *Agency For Persons with Disabilities*
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: 20 How many employees can be hired from the Target Area in Leesburg? 20
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:  
 \_\_\_\_\_  
 \_\_\_\_\_
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: 07/05/1968 Country of birth: USA
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

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