



LSC BUSINESS CENTER – CLIENT INTAKE FORM

Contact Information

Company Name	Telephone Number () Ext.
Contact Name & Title	Fax Number ()
Mailing Address	Mobile Phone ()
Address Line 2	E-mail Address:
City/State/Zip Code	Website:

Who is your point of contact?

How did you hear about the LSC BUSINESS CENTER?

Demographic Information

Ethnicity of Majority Business Ownership	Officer Title	Name	Ethnicity
<input type="checkbox"/> Black/African American <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Asian and Pacific Islander <input type="checkbox"/> Latino <input type="checkbox"/> Native American, Eskimo & Aleut <input type="checkbox"/> Other			

Gender of Majority Business Ownership	Is your company a certified Minority Owned Enterprise (MBE) and/or Disadvantaged Business Enterprise (DBE)? <input type="checkbox"/> Yes <input type="checkbox"/> No
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<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Male/Female (50/50)	Please Specify: _____ _____ _____
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LSC BUSINESS CENTER – CLIENT INTAKE FORM

Business Information

Revenue

2024 \$ _____

2023 \$ _____

2022 \$ _____

Net Profit/Loss

\$ _____

\$ _____

\$ _____

Primary NAICS Codes

1) _____

2) _____

3) _____