

SENIOR CONSULTING, LLC

823 West Park Avenue, #256

Ocean, NJ 07712

Telephone: 732-233-4625

Fax: 631-498-0026

Website: www.thebusinessplanconsultants.com

E-mail: SeniorConsult@aol.com

7. Is the business woman-owned?

8. Is the business minority-owned?

9. Does the business own any intellectual property?

____ Web site: _____

____ Patents (please specify)

____ Other (please specify)

10. Are you renting space or buying a building?

____ Rent _____ Square Feet

____ Buy _____ Square Feet

PLEASE INCLUDE ANY PERTINENT AGREEMENTS TO REFLECT THIS INFORMATION

Management / Personnel:

11. How long have you been operating this business or a similar business?

12. Who is the management and how does their (or your) past experience apply to this venture? Include existing and contemplated management.

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13. What will the Principals (owners) roles be in the day-to-day operation of the business?

14. How many people does the business currently employ and what new jobs will be created as a result of this loan?

15. How many employees will you have to start the business, both full time and/or part time? How many employees will you have when the business is fully operational, assuming your business is a startup or is expanding.

16. Individually describe what their positions will be?

17. What are their levels of experience, education and training?

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23. Describe both your existing and planned advertising plans.

24. Not including advertising, describe at least three marketing directives/efforts and who will conduct these efforts, and the expected results.

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Income and Expenses Assumptions:

Year	1	2	3
Product Sales			
Market Segment #1			
Market Segment #2			
Market Segment #3			
Adjustments to Revenue			
Gross Profit	\$0	\$0	\$0
Expenses:			
Salaries (pls. define each position)			
Rent (SqFt x ____ per Sq.Ft)			
Auto and/or Truck			
Supplies			
Advertising (note type)			
Telephone & Utilities			
Bad Debts			
Taxes and License			
Repairs & Maintenance			
Depreciation			
Accounting & Legal			
Insurance			
Interest			
Office Expense			
Freight (if applicable)			
Entertainment			
Miscellaneous			
Total Expenses			
Net Profit	\$0	\$0	\$0
Less: Owners Draw			
Cash Available	\$0	\$0	\$0

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23. How was Cost of Goods Sold estimated? What items make up Cost of Goods Sold?

24. How were Expense figures estimated? Please provide a brief description of each line item reflected on the three year projections. Please be specific for each different job description.

25. Please provide a brief itemization for the Uses of Funds for capital raised in this plan including the following:

- a. operating capital
- b. marketing and advertising budget
- c. equipment – computers
- d. equipment – other
- e. office furniture
- f. real estate purchase, lease and utility deposits
- g. cost of goods or products
- h. other

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26. Please indicate your sources of equity and the amount of equity invested in this business plan. Include cash or in-kind services such as “expended 200 hours in product development.”

Source

Amount