

NORTHERN KENTUCKY UNIVERSITY
CHASE COLLEGE OF LAW
SMALL BUSINESS AND NON PROFIT LAW CLINIC
Application for Legal Services FOR PROFIT

Note that the SBNLC does NOT represent clients in litigation or disputes. Our representation is limited to assisting small businesses and nonprofit organizations in business formation, general business counseling, preparation and/or review of contracts.

BUSINESS CONTACT INFORMATION

1. Name of business: _____
Address: _____
Phone number (if any): _____
Fax number (if any): _____
Web site (if any): _____
2. Name of Owner/ Contact Person: _____
Portion/Title: _____
Phone number # 1: _____
Phone number # 2: _____
E- mail: _____
Preferred means of contact: _____
3. Additional owners(if any): _____
Name of Owner/ Contact Person: _____
Portion/Title: _____
Phone number # 1: _____
Phone number # 2: _____
E- mail: _____
Preferred means of contact: _____
Preferred time to contact: Morning () Lunch hour () Afternoon () Evening ()
4. Name of current spouse/ domestic partner: _____
5. Please describe the nature of your business (what products are sold and/or services provided):
Please attach a copy of your business plan, if you have one.

6. Please indicate the type of business entity under which your business operates (if you have not yet started business, please go to question 7):

7. When did you start doing business?

Do you have any previous business experience?

8. Please generally describe the geographical area your business serves or will serve. Specify neighborhood(s), county or counties, regions or states.

9. How many employees do you currently employ? _____
Do you have any independent contractors? ___ If so, how many? ___ Part time ___ Full time ___
Do you have volunteers? _____ If so, how many? _____ Part time _____ Full time _____
If no, do you plan to hire any in the near future? _____

LEGAL NEEDS

10. How did you hear about the SBNLC?

Other type of contract (specify) : _____

REGULATORY COMPLIANCE AND LICENCING

- o License (specify if the type is known): _____
- o Permit (specify if the type is known): _____
- o Consultation on compliance issues on licenses and regulations

INTELLECTUAL PROPERTY

- o Copyright
- o Trademark
- o Other (specify) _____

THE SBNLC DOES NOT ASSIST WITH PATENTS

OTHER

- o Specify type of help requested:

12. Are there any deadlines relating to your request for assistance? If so, please list the dates and the nature of the deadlines:

13. If the issue for which you need legal advice involves other people, organizations, or businesses, please list their names here (e.g., names of parties to a contract or lease, names of copyright holder/trademark owner, etc.):

14. Are you currently working with any organization(s) which are providing business assistance/consulting (e.g., SCORE, SBDC, etc.)? _____ Yes _____ No

If so, please list the names of the organizations and contact information:

NOTE: The following questions ask for financial information needed to determine your eligibility for the services of the SBNLC. From time to time, the SBNLC may ask for additional documentation or

