



InnovateHER Pitch Competition Application

Date: _____
 Business Name: _____ Contact (Name): _____
 Business Address: _____
 City: _____ State: _____ Zip: _____
 Email: _____ Office Phone #: _____ Cell Phone #: _____
 Website: _____
 Business License # _____ FED ID: _____

1. What is the current status of your business?

- Operating an existing business Planning to open a business
 Planning to expand an existing business Purchasing or taking over a business

2. How long have you been operating your own business?

- Less than 1 year 1-2 years 3-5 years 6-10 years Over 15 years N/A

3. Industry Type: Describe your business.

- | | | |
|---|---|---|
| <input type="checkbox"/> Agriculture, Forestry, Fishing & Hunting | <input type="checkbox"/> Information/Telecommunication | <input type="checkbox"/> Real Estate Sales |
| <input type="checkbox"/> Arts, Entertainment, & Recreation | <input type="checkbox"/> Management | <input type="checkbox"/> Retail Trade |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Manufacturing/Production | <input type="checkbox"/> Research & Development |
| <input type="checkbox"/> Educational Services | <input type="checkbox"/> Professional Service | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Finance and Insurance | <input type="checkbox"/> Public Administration | <input type="checkbox"/> Waster and Remediation |
| <input type="checkbox"/> Franchise | <input type="checkbox"/> Real Estate Rental and Leasing | <input type="checkbox"/> Other Services |
| <input type="checkbox"/> Health Care and Social Assistance | | |

4. Describe the nature and the range of the products and/or services you offer. _____

5. Please attach a summary of your business plan with an executive summary.

Applicant's Signature: _____ Date: _____

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