

LIST OF APPLICATION QUESTIONS

IMPORTANT NOTES

1. **Listed below** are all the questions on the online application.
2. **Before you complete** the online application, please carefully review these questions.
3. **Questions #6 through #9 and #20,** in particular, may require you to prepare the answers before you go online.
4. **Question #11** will require uploading a document (capability statement).



2024 ABL TAKE YOUR BUSINESS 2 THE NEXT LEVEL! - Application Form

* 1. Is your business African-American owned (at least 51%)?

- ◯ Yes
- ◯ No

* 2. Is your business located in metro Atlanta?

- ◯ Yes
- ◯ No

* 3. Revenue last fiscal year end:

- ◯ $1-$249K
- ◯ $250K - $499K
- ◯ $500K - $1 Million
- ◯ > $1 Million (please specify total revenue)

* 4. Company Information:

Business Legal Name:

DBA (if applicable):

Address:

City:

State (Abbreviation):

Zip Code:

Office Phone Number:

Web Address:

FEIN# or SS#:

Year Business Established:

Number of Years in Operation:

DUNS #:

* 5. Type of Business: (SELECT all that apply):

- ☐ Professional Services
- ☐ Retail & Trade
- ☐ Manufacturing
- ☐ Government
- ☐ Construction
- ☐ Health Care
- ☐ Transportation
- ☐ Real Estate
- ☐ Financial Services & Insurance
- ☐ Media & Entertainment
- ☐ Information Technology
- ☐ Distribution
- ☐ Other (please specify)

* 6. Business Description / Overview: (ENTER brief description - 150 words or less):

* 7. Products / Services: (ENTER brief description - 150 words or less):

* 8. Markets / Customers: (ENTER brief description - 150 words or less):

* 9. NAICS Information (ENTER at least one):

NAICS Code	
Description	
NAICS Code	
Description	
NAICS Code	
Description	

* 10. Number of Employees: (SELECT one):

- ◯ 1-5
- ◯ 6-10
- ◯ 11-20
- ◯ 21-50
- ◯ 51-100
- ◯ > 100

11. Please upload a copy of your business capability statement.

Choose File Choose File No file chosen



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* 12. Owner Information:

Last Name:	
First Name:	
Title:	
Email Address:	
Telephone Number:	

* 13. Tax Entity Type: (SELECT one):

- ◯ C-Corporation
- ◯ Partnership
- ◯ S-Corporation
- ◯ Limited Liability Partnership
- ◯ Sole Proprietorship
- ◯ Other (please specify)

[ ]

* 14. Are your company's tax returns up-to-date? (If No, explain):

- ◯ Yes
- ◯ No, explain:

* 15. Is your company currently in or has been a target of litigation in the past three years? (If yes, explain):

- ◯ No
- ◯ Yes, explain:

* 16. Certifications: (SELECT all that apply):

- ☐ Minority Business Enterprise (MBE)
- ☐ Disadvantaged Business Enterprise (DBE)
- ☐ 8(a)
- ☐ HUBZone
- ☐ Other (please specify)
- ☐ Local Small Business Enterprise (LSBE)
- ☐ Service-Disabled Veteran-Owned
- ☐ Woman-Owned

* 17. Current ABL Member?

- ◯ Yes
- ◯ No



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NON-ABL BUSINESS LEVEL MEMBERS

If selected, there is a non-refundable $375 administration and certification fee to join the program. This fee covers your access to the workshops, program materials, business-level membership in the Atlanta Business League, and promotion by the ABL of your business.

18. If selected, I agree to pay the $375 administration fee before the start of the program.

- [ ] Yes
- [ ] No

ABL BUSINESS LEVEL MEMBERS

19. If selected, I agree to pay the $100 administration fee before the start of the program.

- [ ] Yes
- [ ] No



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* 20. Why should you be selected for this program? Tell us in 500 words or less.

* 21. How did you hear about the ABL Take Your Business 2 The Next Level! program?

- ◯ Facebook
- ◯ Twitter
- ◯ LinkedIn
- ◯ Word of Mouth
- ◯ ABL Website
- ◯ Radio
- ◯ TV
- ◯ Google
- ◯ Flyer
- ◯ Email
- ◯ Other (please specify)



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PROGRAM COMMITMENT

* 22. Commitment Statement:

The interactive nature of this program depends heavily on your active participation. In order to be successful, you must be willing to commit to attending the classes, being engaged in the activities, and participating in the graduation ceremony.

Failure to attend classes on a regular basis will result in your removal from the program and there are no program refunds.

☐ **IF SELECTED, I AM ABLE TO COMMIT TO ALL REQUIREMENTS OF THE PROGRAM.**

* 23. Your Signature:

SIGNED (First and Last Name):

DATE *(MM/DD/YY)*: