



Invest Atlanta Business Assistance Intake Form

Company Information

Name of Company: _____

Street Address: _____

City: _____ GA: _____ Zip Code: _____

Email Address: _____

Business Owner's Information

First Name: _____ Last Name: _____

Email Address: _____ Phone Number: _____

Business Information

Description of Company: _____

Startup: _____ Existing Business: _____

Existing Business (# of Years): 1-3 Years _____ 4-7 Years _____ 8+Years _____

Number of Employees: 1-5 _____ 6 -10 _____ 11 - 15 _____ - 20+ _____

Business Assistance Need

Describe your business needs/goals: _____

Select the Type of Assistance Needed (check all that apply):

Business Plan _____

Finding Employees _____

Financial Statement Review _____

Training Employees _____

Marketing _____

Building Permits/Planning/Zoning _____

Finding a location _____

Local Incentive _____

Financing Site Acquisition _____

State Incentives _____

Build-out, Equip., Inventory Finance _____

Other _____

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