



**Contact Information**

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Business Name \_\_\_\_\_

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_ *City State ZIP Code*

Phone \_\_\_\_\_ Email \_\_\_\_\_

How long have you been in Business? \_\_\_\_\_ Veteran?  yes  no

Is your business registered with City of Beaverton?  yes  no Do you have a disability?  yes  no

Ethnicity			
Hispanic / Latino		Non-Hispanic / Latino	
Race			
American Indian / Alaska Native		Asian	
Black / African American		Native Hawaiian / Other Pacific Islander	
White		Other	

**Goals & Objectives**

Business \_\_\_\_\_

Personal \_\_\_\_\_

**Referrals / Notes**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Disclaimer and Signature**

*I certify that my answers are true and complete to the best of my knowledge. Impact Beaverton is made possible through a partnership between the city of Beaverton & Beaverton Chamber of Commerce. We will not accept any forms of compensations, nor will we recommend or endorse products or services for which we may receive financial gain.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_