



## REGISTRATION

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

E-MAIL: \_\_\_\_\_

CITCLE PHONE TYPE

PREFERRED PHONE: \_\_\_\_\_ CELL WORK HOME

CITCLE PHONE TYPE

SECONDARY PHONE: \_\_\_\_\_ CELL WORK HOME

WHAT TYPE OF BUSINESS ARE YOU CONSIDERING? \_\_\_\_\_

\_\_\_\_\_

DO YOU HAVE A LOCATION IDENTIFIED? YES NO

IN NEGOTIATION FOR THE RENT OR PURCHASE OF THE PROPERTY? YES NO

HAVE YOU DETERMINED YOUR BUSINESS STRUCTURE? YES NO

IF SO, WHAT TYPE WILL IT BE? \_\_\_\_\_

DO YOU HAVE A BUSINESS PLAN? YES NO

HAVE YOU SECURED FUNDING FOR YOUR BUSINESS PLAN? YES NO

WHAT ONE THING DO YOU BELIEVE YOU NEED THE MOST HELP WITH?

\_\_\_\_\_

\_\_\_\_\_

Please return this form to Lynch's Landing via FAX (434) 528-3169  
EMAIL [anna@downtownlynchburg.com](mailto:anna@downtownlynchburg.com) or MAIL 901 Church Street Lynchburg, VA 24504