

NORTHERN KENTUCKY UNIVERSITY
CHASE COLLEGE OF LAW
SMALL BUSINESS AND NON PROFIT LAW CLINIC
Application for Legal Services – FOR PROFIT

Note that the SBNLC does NOT represent clients in litigation or disputes. Our representation is limited to assisting small businesses and nonprofit organizations in business formation, general business counseling, preparation and/or review of contracts.

BUSINESS CONTACT INFORMATION

1. Name of business: _____
Address: _____
Phone number (if any): _____
Fax number (if any): _____
Web site (if any): _____
2. Name of Owner/ Contact Person: _____
Portion/Title: _____
Phone number # 1: _____ Work () Home () Cell () Other ()
Phone number # 2: _____ Work () Home () Cell () Other ()
E- mail: _____
Preferred means of contact: _____
3. Additional owners(if any): _____
Name of Owner/ Contact Person: _____
Portion/Title: _____
Phone number # 1: _____ Work () Home () Cell () Other ()
Phone number # 2: _____ Work () Home () Cell () Other ()
E- mail: _____
Preferred means of contact: _____
Preferred time to contact: Morning () Lunch hour () Afternoon () Evening ()
4. Name of current spouse/ domestic partner: _____
5. Please describe the nature of your business (what products are sold and/or services provided):
Please attach a copy of your business plan, if you have one.

6. Please indicate the type of business entity under which your business operates (if you have not yet started business, please go to question 7):

Sole Proprietor () Limited Liability Company ()

Partnership () Other Entity ()

Corporation () Not sure ()

7. When did you start doing business?

Do you have any previous business experience?

8. Please generally describe the geographical area your business serves or will serve. Specify neighborhood(s), county or counties, regions or states.

9. How many employees do you currently employ? _____

Do you have any independent contractors? ___ If so, how many? ___ Part time ___ Full time ___

Do you have volunteers? _____ If so, how many? _____ Part time _____ Full time _____

If no, do you plan to hire any in the near future? _____

LEGAL NEEDS

10. How did you hear about the SBNLC?

11. Please check areas of legal need or assistance (check all that apply):

- GENERAL
 - Legal consultation to determine needs
- ENTITY ISSUES
 - Choosing the entity
 - Forming the entity
 - Check formation and advise
 - Corporate governance
- CONTRACTS
 - Service
 - Review a contract
 - Prepare a contract
 - Negotiate a contract
 - Type of contract
 - Operating agreement for LLC
 - Lease
 - Service contract

- Other type of contract (specify) : _____
 - REGULATORY COMPLIANCE AND LICENCING
 - License (specify if the type is known): _____
 - Permit (specify if the type is known): _____
 - Consultation on compliance issues on licenses and regulations
 - INTELLECTUAL PROPERTY
 - Copyright
 - Trademark
 - Other (specify) _____
- THE SBNLC DOES NOT ASSIST WITH PATENTS**
- OTHER
 - Specify type of help requested:

12. Are there any deadlines relating to your request for assistance? If so, please list the dates and the nature of the deadlines:

13. If the issue for which you need legal advice involves other people, organizations, or businesses, please list their names here (e.g., names of parties to a contract or lease, names of copyright holder/trademark owner, etc.):

14. Are you currently working with any organization(s) which are providing business assistance/consulting (e.g., SCORE, SBDC, etc.)? ____ Yes ____ No

If so, please list the names of the organizations, the individual's name(s) and contact information:

NOTE: The following questions ask for financial information needed to determine your eligibility for the services of the SBNLC. From time to time, the SBNLC may ask for additional documentation or information verifying the information you have provided. By signing the Authorization to Release Information on the last page of this Application, you are giving permission for the SBNLC to do so. Unless disclosure is legally required, we will use reasonable efforts to keep this information confidential.

FINANCIAL INFORMATION - FOR-PROFIT BUSINESS

The information requested in Questions 15-20 will need to be provided for each owner of a for-profit business in order to determine eligibility for the SBNLC’s services. **For additional owners, please provide the information in questions 15-20 on a separate attachment.**

Please answer the following questions for each partner/member.

15. What is the total annual gross income from all members of your household from all sources?

- () \$0-20,000 () \$20-40,000 () \$40-60,000
- () \$60-80,000 () \$80-100,000 () \$100,000+

16. What is your gross annual income from all sources?

- () \$0-20,000 () \$20-40,000 () \$40-60,000
- () \$60-80,000 () \$80-100,000 () \$100,000+

What is the source(s) of your income? _____

17. How many people are in your household (including you): _____

18. If your business has existed for more than a year, what are its net income/(loss) figures for its most recent fiscal years (up to 3 years)?

Most recent fiscal year \$ _____ Prior fiscal year \$ _____ Second prior fiscal year \$ _____

19. Please indicate below any secured sources of funding for your business, indicating whether each source is in the form of equity or a loan and the approximate amounts from each source:

Equity Funding (no obligation to repay)		Loans (obligation to repay)	
Source	Amount	Source	Amount
E.g., Jane Doe’s Savings	\$3,000	E.g., John Doe	\$2,000
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

20. Are there any extenuating financial circumstances we should consider in determining your eligibility for the SBNLC’s services? If so, please describe them.

LEGAL REPRESENTATION

21. Please explain why you cannot afford to pay legal services offered by attorneys in private bar.

22. Are you willing to be represented by second and/or third year law students who will be closely supervised by the clinic director who is a member of Ohio and Kentucky Bars?

() Yes () No

23. Has a lawyer ever worked with your business? () Yes () No

If yes please provide the lawyer's name, explain the scope of the lawyer's work of the lawyer and the reason(s) the representation ended.

MISCELLANEOUS INFORMATION

24. Do you have any special needs, such as the use of an interpreter or accommodations for persons with disabilities?

CHECKLIST

Please include the following documents if you have them. In addition, enclose any other documents that may assist the SBNLC in assessing your application.

_____ Copy of business plan, if available

_____ If not a sole proprietor, copies of any organizational documents, if available

_____ Copies of all documents related to the organization's specific legal problems

AUTHORIZATION TO RELEASE INFORMATION

Application Information: I hereby authorize the Small Business and Non Profit Law Clinic (the "Clinic"), the Salmon P. Chase College of Law of Northern Kentucky University, any collaborating organizations, and their respective agents, employees, and representatives to verify and make copies of any and all information provided in this Application in the course of determining eligibility for legal services or during the course of legal representation if my request for legal services is accepted.

Release: I hereby release any person or entity complying with this Authorization from any and all claims relating to the disclosure of any such information and documents.

Authorization to Release Information to Third Parties: There may be instances in which it may be beneficial for the Clinic to consult with community partners about your business. These partners may include lawyers, the faculty and administrative staff at the Salmon P. Chase College of Law of Northern Kentucky University, business incubators, clinic consultants, and banks. However, unless legally required, we do not expect to disclose financial information about you or your business. I authorize the Clinic to release information about my legal matters to such third parties. Also, on occasion, members of the media or press may inquire about the types of clients the Clinic represents. I authorize the Clinic to share my name with those members, to disclose that I am (or my company is) a client of the Clinic, and to describe the type of services provided to me or to my company.

Miscellaneous: A copy of this Authorization shall be as valid as the original. Its terms shall be governed by the laws of the state of Ohio regardless of any conflicts of law principles.

The undersigned hereby certifies that all of the information in this Application is true, correct, and complete, and that the applicant is authorized by the above business to submit this Application to the Clinic. The applicant further agrees to notify the Clinic in the event of any material changes to this information and understands and agrees that the Clinic has the right to reject any applicant or withdraw from representing a client that submits an application with inaccurate information. The Clinic will make the determination as to which applicants receive legal services based upon the need of the applicant, the capacity of the Clinic, and the learning experience of the students.

Signature: _____ Date: _____

Print Name: _____ Title: _____

PLEASE SEND COMPLETED AND SIGNED APPLICATION AND OTHER REQUESTED DOCUMENTS TO:

**MAIL to: SMALL BUSINESS AND NON PROFIT LAW CLINIC, NORTHERN KENTUCKY UNIVERSITY
SALMON P. CHASE COLLEGE OF LAW, NUNN DRIVE, HIGHLAND HEIGHTS, KY 41099
EMAIL to: Christopher Muzzo, muzzoc1@nku.edu**

AFTER REVIEWING YOUR APPLICATION, THE CLINIC WILL CONTACT YOU REGARDING YOUR ELIGIBILITY FOR SERVICES.