

**BASIS OF A SUCCESSFUL ENTERPRISE (B. A. S. E.)
ENTREPRENEURIAL TRAINING PROGRAM**

**PRESENTED BY: CITY OF GROVEPORT AND
COLUMBUS STATE COMMUNITY COLLEGE
SMALL BUSINESS DEVELOPMENT CENTER**

NAME _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

EXISTING BUSINESS _____ **CONSIDERING BUSINESS OWNERSHIP** _____

NAME OF BUSINESS (if existing) _____

TYPE OF BUSINESS BEING CONSIDERED _____

CURRENT OCCUPATION _____

HAVE YOU OWNED A BUSINESS BEFORE? _____

WHY DO YOU WANT TO OWN YOUR BUSINESS? _____

PLEASE SUBMIT APPLICATION BEFORE AUGUST 25, 2023 TO

**Jeff Green
City of Groveport
655 Blacklick St.
Groveport, OH 43125
jgreen@groveport.org**