



Community  
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of WNY

**Youth Entrepreneur Marketplace: "Operating on the Other Side of the Counter"**

**APPLICATION: YOUTH ENTREPRENEUR MARKETPLACE (YEM)**

1423 Fillmore Avenue Buffalo, NY 14222

Phone: (716) 332-3773 ext.1407 or Fax: (716) 332-1015

Web Site: <https://caowny.org/business-development/>

Dear community members,

The CAOWNY and partners, Masjid Nu'Man, the MLK Business District Association, Ansar fragrance and More, J&W Planning Group, LLC, MLQ Developments, Sincere Enterprise Solutions, Couture Editing, LifeSource Systems, Inc, C&R Housing Inc and various other businesses have spearheaded the Youth Entrepreneur Marketplace (YEM). The YEM program has been designed to teach business development to youth from the ages of 5-18. Youth will be taught about the entrepreneur mindset and have the opportunity to learn from individuals in their age range who have started businesses. There will be various business professionals from the community available to encourage our youth to become businesses owners.

The YEM Kickoff is scheduled for Saturday, April 3, 2021 from 1:00-3:00 PM, location Zoom.us. The Zoom number is 376 770 5626. YEM workshops will begin April 29, 2021, from 5:30 to 7:00 PM.

If you are interested in your child enrolling in the YEM program, complete the application below and submit the required documents. If you have any questions about YEM, contact Pamela James at the email and phone number above.

**SECTION I - BUSINESS INFORMATION**

**1. Youth Information**

First Name (Title):

Last Name:

Birthdate:

\_\_\_\_\_

\_\_\_\_\_

**Address:**

\_\_\_\_\_



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City:

\_\_\_\_\_

State:

\_\_\_\_\_

Zip:

\_\_\_\_\_

Email Address:

\_\_\_\_\_

Phone:

\_\_\_\_\_

**2. (If a minor) Parent/Guardian Information**

First Name (Title):

\_\_\_\_\_

Last Name:

\_\_\_\_\_

**Address (if different from above):**

\_\_\_\_\_

City:

\_\_\_\_\_

State:

\_\_\_\_\_

Zip:

\_\_\_\_\_

Email Address:

\_\_\_\_\_

Phone:

\_\_\_\_\_

**3. Business Name:**

\_\_\_\_\_

Business Address:

\_\_\_\_\_



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City:

\_\_\_\_\_

State:

\_\_\_\_\_

Zip:

\_\_\_\_\_

Business Email Address:

\_\_\_\_\_

Business Phone:

\_\_\_\_\_

Business Fax:

\_\_\_\_\_

**4. Select Business Industry Below:**

Retail

Wholesale

Construction

Service

Manufacturing

Online

Other: \_\_\_\_\_

**Business History**

**5. Select Business Status:**

New (Under 12 months)

Existing (Over 12 months)

**6. Has the business met all of the legal requirements necessary to become established?**

Yes

No

**7. No. of Employees:**

Full Time:

\_\_\_\_\_

Part Time:

\_\_\_\_\_

**7. NAICS Code (If known):**

\_\_\_\_\_

**8. Date Business Established:**

\_\_\_\_\_



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**9. Federal Tax ID Number:**

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**10. Type of Business/Organization:**

- |   |  |  |
|---|--|--|
| Sole <input type="checkbox"/>           | S Corporation <input type="checkbox"/> | Not for Profit <input type="checkbox"/>      |
| Proprietorship <input type="checkbox"/> | C Corporation <input type="checkbox"/> | Not yet established <input type="checkbox"/> |
| Partnership <input type="checkbox"/>    | LLC <input type="checkbox"/>           |  |

**11. Website and Social Media Addresses (If Apply):**

Website Address:

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Facebook/Social Media Addresses

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**12. Personal Financial Summary**

Funders require the CAOWNY to show the proof of income of the individual/s that are receiving services. The CAOWNY will not penalize you or deny your application because of the amount of your gross (before tax) or net (after tax) income. Your income will not hinder us from approving your application for services. Submit your proof of income in the form of employment pay stub, a letter that shows the monthly/annual benefits that you receive from social services, SSI, SSD, unemployment benefits etc. Proof of income can be submitted with this application, emailed (pjames@caowny.org) or faxed (716-332-1015).

**13. For Existing Business**

2019 Revenues: \$ _____	2020 Revenues: \$ _____
2019 Profits: \$ _____	2020 Profits \$ _____



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## SECTION 2 -BUSINESS PLAN DEVELOPMENT

1. Have you completed a business plan? (If yes, please attach a copy of your business plan)

Yes

No

2. If you have not completed a business plan, would you like information on assistance available to help you prepare a business plan?

Yes

No

3. Have you completed any CAOWNY YEM business development workshops?

Yes

No

4. When did you complete the CAOWNY YEM business development workshops?

Date:

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5. How did you hear about YEM?

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## SECTION 3 - DEMOGRAPHICS

You are not required to furnish this information, but are encouraged to do so because the CAOWNY's funders may request demographic information about those being served. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the race/national origin of individual applicants on the basis of visual observation or surname.

1. Gender:

Male

Transgender

Female

Other: \_\_\_\_\_



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2. Ethnicity:

Hispanic or Latino

Not Hispanic or Latino

3. Race: (Mark one or more)

Black or African  
American

Native American

Asian

Indian

Hawaiian

Other: \_\_\_\_\_

Alaskan

Pacific Islander

**SECTION 4 - NEEDS ASSESSMENT**

1. Select Areas of assistance needed:

Business Start-Up

Accounting and  
Records

Personnel

New Business

Documentation

Computer/Technology

Capital Needs

Financial Analysis

International Trade

Marketing/Sales

Cost Control

Business Liquidation

Government  
Procurement

Inventory Control

Other: \_\_\_\_\_

2. What are some of the challenges that you believe are preventing you from starting or growing your business? Continue your explanation in Section 5 of this document or on a separate sheet of paper if necessary.

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## SECTION 6 - CERTIFICATIONS & DISCLAIMERS

Please read the following certifications carefully and sign below. All company owners, officers, or partners must sign below. If you have any questions, call CAOWNY at 716-332-3773 ext. 1407.

1. By my signature below, I authorize CAOWNY to research the company's and its principal(s) history. I give permission for the CAOWNY to take pictures of the business owner/s and/or representatives during either zoom or in person workshops.
2. I give CAOWNY permission to include pictures of the owner/s or representative/s in the CAOWNY's newsletter, website and/or social media channels.
3. I certify that ownership of the company is at least 51% by U.S. citizens or persons admitted to the U.S. for permanent residence.

#### **4. Technical Assistance Disclaimer**

CAOWNY may render technical assistance, directly or indirectly, to you based on information you provide, in connection with management systems, internal controls, marketing plans, business plans, financial projections and compilations. Such assistance and all statements made in connection therewith are for your internal use only, and are not to be used or communicated in any manner whatsoever to third parties without CAOWNY's express written consent.

5. CAOWNY is in no way responsible for your use of this information, and makes no warranties and representations in connection therewith except as expressly granted in writing.

You agree to indemnify and hold CAOWNY harmless in connection with the use or misuse of such information, documents, representations or writing.





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## SECTION 7 - SIGNATURE PAGE

1. I authorize CAOWNY to make inquiries as necessary to verify the accuracy of the statements made and to determine my eligibility for Business Development Services.

**Please Print**

First Name:

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Last Name:

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Middle Initial:

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**Signature:**

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Date:

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**Please Print**

***Parent/Guardian if Minor***

First Name:

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Last Name:

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Middle Initial:

---

**Signature:**

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Date:

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