

## Please provide the following Information about your business

### Please select what best describe your business.

- Startup Business (in operation less than six (6) months)

#### Business Name

Boujee Beauty

#### Form of Ownership

Limited Liability Company (LLC)

#### Business Address

720 S 30th St  
Apt 404  
Omaha, Nebraska 68105  
United States

#### Date the business was established

09/08/2022

## Company representative

#### First Name

Sakira

#### Last Name

Moss

#### Phone Number

(402) 885-3008

#### Email

[mosskira@yahoo.com](mailto:mosskira@yahoo.com)

#### Name of Presenter

Sakira Moss

## More about your business

### Certificate of good standing from the Secretary of State's Office

- [BOUJEE-BEAUTY-SALON-SUITES.pdf](#)

### Nature of business - include a brief description of the product/service and the nature of your market. Submit product brochures, links to social media sites, and any other company literature. Please only share non-confidential.

Boujee Beauty will be a one stop shop salon suites and event space. Boujee Beauty will rent out suites to creatives such as makeup artist, estheticians, cosmetologist, nail techs, barbers and more! This will also give the opportunity for creatives to network with each other. I will also have an event space available for creatives to rent to host events such as classes, seminars and much more!

#### Customer segment served

Ages 16+

### Goals for joining the accelerator

To network and learn from other business owners.

### Headshot of the company's CEO

- [IMG\\_3321.JPG](#)

### Does the business own all rights (including intellectual property) to the material submitted and presented for this competition?

Yes

### Describe your business, product or service and what differentiates it from your competitors.

My business will be a one stop shop which will allow you to come to one location for all your services. This will also allow for creatives to network with each other but also have their own space.

### Current status or stage of development of business: (e.g. working on prototype, produce in advanced development, etc.)

pre-startup/pre-funding

### Current sales revenue (dollar volume per month)

\$0.00

### What is your gross annual revenue? (dollar volume per year)

\$0.00

### Number of employees (include principals)

Part Time	Full Time
	1

### Projected Number of employees in 12 months

Part Time	Full Time
5	8

### Projected number of employees in 24 months

Part Time	Full Time
6	12

### Is this your primary business?

Yes

### Is this your original concept?

Yes

### Please specify your ethnicity.

African-American

### What is your age?

18-30 years old

### Is the business owned by a veteran?

No

### Is at least 51% of the business owned and controlled by a woman?

Yes

### Is your company a small business?

Yes

### Do you have any investors or partners?

No

### Is your business currently licensed or registered in the State of Nebraska or Iowa?

### Is at least 51% of the business is owned, and controlled by an ethnic minority and please specify which one.

Yes

Yes, AA

### Type of financing used to operate a business to date

- Venture Capital Firms
- Private Investors
- Personal Resources

### Status of Business Plan

Completed (please attach a copy)

### Attach copy of business plan

- [Boujee-Beautique-Business-Plan-2022.docx](#)

### Would you like free business advisory assistance in writing a business plan?

No

### Do you need help building your Pitch Black registration material?

Yes

### Please explain what services you or your organization can offer other clients of the Business Accelerator Program:

EIN help, LLC, etc.

### Consent 1

✓ I understand the Pitch Black Accelerator Program is designed to support the Midlands African Chamber emerging businesses to succeed and thrive. Participating in the Pitch Black Accelerator Program necessitates interaction with the assigned mentor, attendance at educational and networking sessions, and reporting to the Midlands African Chamber on business changes. Once selected as a Pitch Black Accelerator participant, I must become a member of the Midlands African Chamber.

### Consent 2

✓ By registering and participating in this program, I consent to the recording of my likeness, image and/or voice and authorize the Midlands African Chamber to use photographs, videos, and audio recordings containing my likeness, image and/or voice in any medium for any purpose

### Consent 3

✓ I agree to the terms and conditions of the [Pitch Black Accelerator Program](#).

### Applicant's Name

Sakira Moss

### Applicant's Title

Owner/CEO

Date	Signature
12/15/2022	Sakira Moss