

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

AHA

Form of Ownership

Sole Proprietor

Business Address

2412 Hancock st
Bellevue, Nebraska 68005
United States

Date the business was established

12/20/2022

Company representative

First Name

Eboni

Last Name

Thompson

Phone Number

(402) 510-5343

Email

eb0nidawn40yearsago@gmail.com

Name of Presenter

Eboni Thompson

More about your business

Goals for joining the accelerator

Become more effective to my business.

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.

Baked goods

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

N/A

Start up stage

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	0

Projected Number of employees in 12 months

Part Time	Full Time
7	0

Projected number of employees in 24 months

Part Time	Full Time
14	0

Is this your primary business?

Yes

Is this your original concept?

Yes

Please specify your ethnicity.

Prefer not to say

What is your age?

45 or Above

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?

No

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

A Black woman

Type of financing used to operate a business to date

- Personal Resources

Status of Business Plan

In preparation and available by

Indicate date available by

12/29/2022

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:

A meal??

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

Eboni Thompson

Applicant's Title

Ms

Date

12/21/2022

Signature

ET