



## CORPORATE INSTITUTE

UNIVERSITY OF MINNESOTA

### **BUSINESS LAW CLINIC**

#### **ABOUT US**

The Business Law Clinic (“Clinic”) provides free legal services to small businesses, start-ups, and entrepreneurs (“Clients”) from September through May. First, potential Clinic Clients must complete the following Client Application. All potential Clients will then be advised whether they have been tentatively accepted for Clinic representation. Second, selected Clients must attend an initial, in-person meeting at the University of Minnesota Law School to develop a scope of work. Third, upper level law students provide the agreed-upon legal services over the next month or two under the supervision of a licensed business attorney.

Because the Clinic is a student learning experience, clients must be willing and able to:

- Attend the initial meeting at the Law School
- Respond promptly to all communications (mostly by email)
- Have a well-developed business or business plan

The Clinic reserves the right to select matters that will provide positive learning opportunities for students. The Clinic handles a wide variety transaction-based business matters regarding almost all aspects of running and owning a business. The Clinic does not handle disputes, litigation, or patents; however, other [clinical programs](#) at the University of Minnesota Law School may be able to help.

Potential clients who wish to work with the Clinic must complete the Client Application, below, and send it to Emily Buchholz at [buchholz@umn.edu](mailto:buchholz@umn.edu).

#### **CLIENT APPLICATION**

Completed on:

##### **TELL US ABOUT YOU**

**(the person completing this form)**

Your name:

Your email address:

Your phone number:

Your physical address:

Your current employer, if any:

How are you connected to the business?

How did you hear about the Business Law Clinic?



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**TELL US ABOUT THE BUSINESS**

**(the entity or person in need of legal services)**

Business name:

Primary contact person:

Primary contact's email address:

Primary contact's phone number:

Physical address associated with business:

List all of the owners of the business and their current employers, if any:

Describe what the business does or will do:

How long has the business been operating?

If the business is a start-up, what steps have been taken so far?

Has an entity been formed for the business?

If so, what type of entity is it (for example, LLC, B-Corp, nonprofit) and in which state was it filed?

Describe the business's current legal needs and goals for working with the Clinic:

Please list the names of any other advisors with whom the business works.

If you have a business plan, please attach a copy.



**MEDIA PERMISSION**  
**(regarding the business)**

*Please review the following statements and check the appropriate box. The business may change its answers to these questions at any time by contacting Emily Buchholz at [buchholz@umn.edu](mailto:buchholz@umn.edu).*

I give my permission for the University of Minnesota Law School to publicly share the fact that the business is working with or has worked with the Clinic.

- Yes
- No

I give my permission for the University of Minnesota Law School to publicly share non-confidential information about the business and to use the name and likeness of the business in media postings.

- Yes
- No

I have the authority to give the above permissions on behalf of the business.

- Yes
- No

**DIVERSITY & PRO BONO INFORMATION**  
**(regarding the owners of the business)**

*The following section is elective (you may choose to answer or not answer). We use this information to pair volunteer attorneys who have particular pro bono requirements with fitting clients. We may also use this information to track, support, and/or report on the Clinic's provision of legal services to members of groups who have historically lacked access to them.*

Does the business have a charitable or social benefit mission? If so, please describe.

Do any one or more of the owners identify as a member of any minority, marginalized, or underrepresented group? (check any/all that apply):

- Woman or non-binary
- LGBTQ+
- Racial or cultural minority
- Military veteran
- Person with one or more disabilities
- Person living in poverty or experiencing homelessness
- Other (please identify):



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Please check the following box if each and every owner of the business has annual household income of 200% of Federal Poverty Level or less (\$3,975 or less per month for a family of four)?

- Yes
- No

**ADDITIONAL INFORMATION**

**(is there anything else we should know?)**

Thank you!