

## **Starter Company Plus Program Application**

			Date Receiv	ea:	
			Youth: Y/N		Program:
Applicant Information					
Name:		Date of Birth (	dd/mm/yyyy	):	
Address:		City/Town:	Pr	ovince:	Postal Code:
Telephone Number:	Alt	Alternate Telephone Number: Email Address:		il Address:	
Are you employed?		If yes, are you full-time, part-time, casual/on-call?		sual/on-call?	
Are you self-employed?		If yes, what is your business name and how long have you been operational?			
Are you eligible for any Indi					
Briefly describe yourself. W	hat are y			es?	
Briefly describe yourself. W	hat are y			es?	

Office Use only:

Intake:

What kind of skills and experience do you have that make you/would help you to be a successful business owner (i.e. education, work experience, personality traits, etc.)?
What is the nature of your business/proposed business? What are your potential or existing revenue
streams?
Who else is doing this? List at least 3 competitors.
1.
2.
3.
What makes your business idea better/stand out from the competition? Why do/would customers
choose you instead?
Describe your ideal customer (target market). Consider age, gender, lifestyle, etc.

Have you owned a business letc)	pefore? What is the status (operating, full time, part t	ime, seasonal, closed,
•	n about your market? (Customers, competition, environment sufficient market and demand for your product or sufficient market.	
What is the structure of vertex of vertex is the structure.	our business (sole proprietorship, partnership, & corp	oration)?
• Full-time or part-time? Se	asonal or year-round?	
Where your business is/w	ill be located (e.g. home-based, mobile, in an office, s	torefront, etc.)?
	an to promote your business (e.g. signs, radio ads, so	cial media, etc.). Do you
know how much it will cost?		
If you are a Start-up:	If you are an existing	
	business and	
	expanding:	
Estimated Revenue (sales)	What is the most recent	
in first year of operation:	year's gross sales:	
Estimated total start-up expenses (transfer Total	Estimated total expansion costs (transfer Total	
Amount from page 5)	Amount from page 5)	
Will you require financing	Will you require financing	
to start your business? If	to complete the expansion?	
so, how much?	If ves. how much?	

What kind of assets (such as tools, equipment, product, capital, etc.) do you already <i>own</i> ? What value do they hold? Existing businesses: list assets and value. (Attach a list if necessary)		
<u>Asset</u>	<u>Value</u>	

Please rate your knowledge & experience in the following areas (0=none, 1=minimal, 2=basic knowledge, 3=good knowledge, 4=extensive)	
Marketing	
Websites & Social Media	
Sales & Networking	
Bookkeeping & Record Keeping	
Administration & Banking	
Understanding Financial Statements	
Performing Market Research	
Management & Supervision	
How to Write a Business Plan	

## **Start-Up/Expansion Costs**

<u>Expense</u>	Amount	<u>Description</u>
Total Start-Up/Expansion Costs		

Examples: beginning inventory, equipment, insurance, tools, office supplies, marketing material, first/last rent, office equipment, utility deposits, licenses, permits, inspections, website, POS system, hardware/software, renovations, etc.

## How did you hear about this program?

This program requires that you work w	ith The Business Centre to develop your
business plan. You must be 100% dedic	ated to the program and your business.
This will include meeting all the require	ements as indicated in the information
package. The possibility to compete fo	r Provincial grant funding is based on
program participation, commitment, co	ompletion of your business plan as
indicated on the deadline schedule, pro	oven business viability and sustainability,
and recommendation from the evaluat	ion committee.
I hereby certify that the above informa	tion and attached documents are true and
correct to the best of my knowledge. I	
disqualify me for this program and furth	
Name (please print)	Signature
Witness Signature	 Date