

STARTER COMPANY PLUS APPLICATION



APPLICANT INFORMATION

First Name	Last Name	Date
Street Address	Apartment/Unit #	
City	Prov	Postal Code
Age	Phone	
E-mail address		
Are you a Canadian citizen?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If no, are you authorized to work in Canada? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you taken any business courses?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, when?
Do you have any management or supervisory experience through past employment?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, explain.

EDUCATION

Please list level of education

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EMPLOYMENT HISTORY

Please indicate experience and duration

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VOLUNTEER HISTORY

Please list previous volunteer experience

BUSINESS RELATED QUESTIONS

Are you currently the owner or partner of a registered business? YES NO

Is your business registered? Sole Proprietor Partnership Incorporated

Website:

Facebook:

Summarize your business concept and the kind of products or services you will be offering:

What makes your business unique?

Indicate the skills or experience you have that relate to your business.

Indicate the skills where you feel you require assistance or training.

What are the greatest challenges you face in starting a business?

Do you have any education/training in the following: Circle all that apply

Bookkeeping, insurance, job costing, advertising, legal documents, customer service, graphic design, on-line selling, banking, health & safety,
HST regulations, WSIB regulations, Payroll, Business Planning

ENTREPRENEURSHIP QUIZ

To help us get to know you a little better, including areas that we might be able to help you strengthen, please complete the entrepreneurship quiz below

		YES	NO
1.	I enjoy working, I know that going into business may demand 12 to 16 hours of work each day	<input type="checkbox"/>	<input type="checkbox"/>
2.	I have considered all possible alternatives to entering business for myself	<input type="checkbox"/>	<input type="checkbox"/>
3.	I know my income may be low for a while, until the business begins to show profit	<input type="checkbox"/>	<input type="checkbox"/>
4.	I am adaptable, I am not so routine bound or rigid in my ideas that I can't change if my business requires a change	<input type="checkbox"/>	<input type="checkbox"/>
5.	I understand people, I am the kind of person who can put myself in the other guys' shoes	<input type="checkbox"/>	<input type="checkbox"/>
6.	I can take advice from others	<input type="checkbox"/>	<input type="checkbox"/>
7.	I make sound judgements	<input type="checkbox"/>	<input type="checkbox"/>
8.	I understand I might fail, only about 10% of businesses started are really successful; about 50% fail	<input type="checkbox"/>	<input type="checkbox"/>
9.	I understand that inexperience and poor managements causes about 90% of business failures	<input type="checkbox"/>	<input type="checkbox"/>
10.	I've researched the local market, I understand there is a demand for my product or service	<input type="checkbox"/>	<input type="checkbox"/>
11.	I've studied my competition, I know their strengths and weaknesses	<input type="checkbox"/>	<input type="checkbox"/>
12.	I have experience in keeping inventory records, sales records and reports, withholding taxes, etc.	<input type="checkbox"/>	<input type="checkbox"/>
13.	I know how to forecast sales and expenses and how to make my business more successful	<input type="checkbox"/>	<input type="checkbox"/>
14.	I know the suppliers and trade association, and I know what is expected of me, and what to expect of them	<input type="checkbox"/>	<input type="checkbox"/>
15.	I have always protected my possessions and myself with insurance and sensible safeguards	<input type="checkbox"/>	<input type="checkbox"/>
16.	I have experience in handling merchandise efficiently	<input type="checkbox"/>	<input type="checkbox"/>
17.	I know how to advertise sensibly	<input type="checkbox"/>	<input type="checkbox"/>
18.	I know how to pay for merchandise, meet expenses and still make a profit	<input type="checkbox"/>	<input type="checkbox"/>
19.	I am frank about discussing my financial condition	<input type="checkbox"/>	<input type="checkbox"/>
20.	I realize I cannot be all things to all people, at all times - but that this will be expected of me in my own business	<input type="checkbox"/>	<input type="checkbox"/>

DISCLAIMER AND SIGNATURE

I certify that my answers are true and completed to the best of my knowledge.

If this application leads to acceptance into the *Starter Company Plus* Program, I understand that false or misleading information in my application may result in release from the program.

Signature

Date

PROMOTIONS/ COMMITMENT AGREEMENT:

I agree that by participating in the Starter Company Plus Program, the Program has the right to list, promote, advertise and illustrate my business involvement in the program to the public. I also grant the Program permission to use authorized photos, illustrations, quotes, etc in Program marketing materials and promotional activities.

In order for the Starter Company Plus Program to be effective, I understand that I must be committed to performing the work that is identified at appropriate coaching/ consulting/ learning sessions. If after three consecutive sessions I am unable to meet the commitments I made to the program, the Cornwall Business Enterprise Centre reserves the right to terminate my involvement in the Program.

Print Name _____

Signed _____ Date _____

Please confirm:

- I understand that a separate application is necessary to apply for funding.
 Yes No

- I understand that acceptance into the program does not guarantee program grant funding.
 Yes No

- I understand that the decision to grant funding is made by a separate grant panel external to the Cornwall Business Enterprise Centre.
 Yes No

Please Initial: _____

TAX TREATMENT OF GRANT

The Starter Company Plus grant is considered taxable under the Canada and Ontario income tax acts. A T4A slip will be issued to the recipient of the award.

Commitments:

Any misuse of the initial grant amount will immediately convert the amount to a repayable loan. All elements of the program must be completed in order to receive the final award; this includes but is not limited to the following:

- Confirmed participation in training program and mentor meetings
- Completion of milestone worksheets
- Provision of documentation and receipts as required

Please Initial: _____

ACKNOWLEDGMENTS: I hereby certify that the statements and information in this application form are true and correct to the best of my knowledge and belief, and I authorize the Cornwall Business Enterprise Centre to investigate all statements or other information contained in this application form and any attachments submitted with it, unless I have stated in writing to the contrary. I understand and agree that any misrepresentation, falsification or material omission of information on this application may result in my failure to be accepted into the Starter Company Plus Program.

Name (Please Print) _____ Signature: _____

Date: _____