

Self-Employment Applicant's Business Concept

CONTACT INFORMATION

Name: _____ SIN _____

Address: _____

Phone Number: Home _____ Other _____

Business Name: _____

PART A- TO BE COMPLETED BY APPLICANT

BUSINESS STRUCTURE:

Sole Proprietorship

Owns 100% of business and has complete control.

Partnership

Holds _____% ownership in partnership, major decision maker and holds control of business.

Corporation

Jointly hold the majority of voting shares.

Cooperatives

Owner/member of **new** worker cooperative.

Not determined at time of application

BUSINESS INFORMATION

Description of product or service to be offered.

Experience related to business idea:

Location of business, geographic target area and marketing strategy:

Dollar Amount of Personal Investment and Financial Applications (Each participant is required to contribute \$3,313 in cash or in-kind towards their business. Please provide proof through bank statement, loan evidence, statement of ownership, etc). If unknown at this time, it must be presented prior to approval implementation stage (Phase 2):

Industry Knowledge (competitors, challenges, future outlook,):

Status to Date (contacts made, research completed, understanding that you cannot already be in business at time of application):

Client Signature

Date

PART B- TO BE COMPLETED BY SELF-EMPLOYMENT PROVIDER

BUSINESS ACTIVITIES:

and New Business or Existing business with no prior ownership

There is no evidence that the participant is already in business

Projected start up and overhead costs if known at time of application:

Unable to determine start-up and overhead costs until completion of Business Plan.
Costs to be provided prior to implementation of Business Plan.

Participant has provided proof of financial investment sufficient to cover start-up and overhead costs: Yes No

NEED FOR ENTREPRENEURIAL SUPPORT

The applicant has demonstrated need for entrepreneurial support in the following areas:

Business Plan Development	Personal Development
Financial Management	Communication Skills
Marketing Management	Computer Skills
Organizational Skills	

I am am not in support of this client's participation on the Self Employment Program. Please provide details below.

Additional Comments:

Self-Employment Provider Signature

Organization Name

Date