

## STARTER COMPANY ELIGIBILITY

	YES	NO
Are you a full-time student and returning back to school?	<input type="checkbox"/>	<input type="checkbox"/>
Are you 18 years of age or older?	<input type="checkbox"/>	<input type="checkbox"/>
Are you proposing a new company, expansion of an existing company or buying one from a retiring entrepreneur?	<input type="checkbox"/>	<input type="checkbox"/>
Are you prepared to commit a minimum average of 35 hours a week running your business?	<input type="checkbox"/>	<input type="checkbox"/>
Are you a Canadian citizen or permanent resident living in Ontario?	<input type="checkbox"/>	<input type="checkbox"/>
Have you received a Starter Company grant before?	<input type="checkbox"/>	<input type="checkbox"/>
Have you received another grant before? If yes, please specify.	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>		
Are you currently enrolled in the Futurpreneur Program?	<input type="checkbox"/>	<input type="checkbox"/>
Do you plan to operate your business in Ontario?	<input type="checkbox"/>	<input type="checkbox"/>
Can you demonstrate 25% cash or equivalent commitment to the business?	<input type="checkbox"/>	<input type="checkbox"/>
Are you prepared to commit to the monthly mentorship requirements for six months?	<input type="checkbox"/>	<input type="checkbox"/>
Are you prepared to commit to the business training components of the Starter Company Program?	<input type="checkbox"/>	<input type="checkbox"/>

# STARTER COMPANY APPLICATION

## PERSONAL INFORMATION

Mr / Ms / Mrs. / Miss \_\_\_\_\_  
Last name First name

Date of Birth YYYY/MM/DD \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender: Male / Female

\_\_\_\_\_  
Email Address Phone Number

## PERMANENT MAILING ADDRESS

\_\_\_\_\_  
Street # Apt # Street Name

\_\_\_\_\_  
City Province Postal Code

## BUSINESS INFORMATION

Business Name: \_\_\_\_\_

Mailing Address

Same as permanent mailing address Yes / No

If no, provide permanent mailing address below

\_\_\_\_\_  
Street # Apt # Street Name

\_\_\_\_\_  
City Province Postal Code

New Business Yes  No

Existing Business Yes  No  Length of operation \_\_\_\_ Employees Y  N  Number of full time \_\_\_\_ part time \_\_\_\_

Sole Proprietorship  Corporation  Partnership\*

\*If business is a partnership, and only one applicant is eligible, the applicant must provide partnership agreement that reflects the applicant is in control of the venture with at least 51% ownership and decision making authority. Only the majority partner will be eligible to receive Starter Company funding.

Business Sector

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> Agriculture   | <input type="checkbox"/> Construction           | <input type="checkbox"/> Hospitality/Foods     | <input type="checkbox"/> Import/Export   |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Retail                 | <input type="checkbox"/> Professional Services | <input type="checkbox"/> Technology      |
| <input type="checkbox"/> Tourism       | <input type="checkbox"/> Wholesale/Distribution | <input type="checkbox"/> Education             | <input type="checkbox"/> Arts/Recreation |
| <input type="checkbox"/> Health        | <input type="checkbox"/> Other                  |  |  |

Business Description: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Why are you applying for the Starter Company funding? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

How have you prepared yourself for this business venture? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

What is your greatest concern about starting/growing a business? How can the Centre help you address this concern?  
 \_\_\_\_\_  
 \_\_\_\_\_

How did you hear about the Starter Company program?

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Starter Company website | <input type="checkbox"/> Small Business Enterprise Centre Website    | <input type="checkbox"/> Radio Advertisement |
| <input type="checkbox"/> Newspaper Advertisement | <input type="checkbox"/> Employment Counsellor                       | <input type="checkbox"/> Teacher             |
| <input type="checkbox"/> Social Media            | <input type="checkbox"/> Small Business Enterprise Centre Consultant | <input type="checkbox"/> Word of Mouth       |
| <input type="checkbox"/> Other: _____            |  |  |

**APPLICANT BACKGROUND**

	SCHOOL NAME	PROGRAM OF STUDY	PROGRAM COMPLETE
SECONDARY SCHOOL			
POST SECONDARY SCHOOL			
OTHER PROGRAMS OR COURSES			
OTHER PROGRAMS OR COURSES			

**REFERENCES**

Provide two references (references must be over the age of 18):

1. Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

2. Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_



## EQUITY WORKSHEET

<b>Assets</b>	<b>Things I have now for the business</b>	<b>Current Fair Market \$ Value</b>	<b>Things I need to Start/Run My Business</b>	<b>Estimated Cost</b>
Cash				
Merchandise/Inventory				
Equipment				
Tools				
Supplies				
Furniture/Fixtures				
Technology				
Vehicle / Equity in Vehicle				
Other:				
Other:				
Other:				
<b>TOTAL</b>	<b>Cash and other assets I will contribute</b>	<b>\$</b>	<b>Other items I need</b>	<b>\$</b>

Note: You must be able to demonstrate a personal investment in the business of cash and/or in-kind equal to 25% of the maximum grant amount of \$5000. Therefore, the minimum personal investment required is \$1250.

## ACKNOWLEDGMENTS & AGREEMENT

I authorize the Small Business Enterprise Centre to record information provided by me during the Starter Company program and subsequent follow-ups to verify results.

- I agree to implement the plan proposed in agreement with this agreement and operate my business on a full time basis. I will use best efforts to satisfy targets set out in the business plan.
- I agree to use the grant provided for the agreed upon expenses set out in the final business plan submitted. Any material changes to the grant spending must be approved by the Small Business Enterprise Centre. Proof of spending must be provided to the Small Business Enterprise Centre.
- I agree to meet with Small Business Enterprise Centre 4 weeks, 12 weeks and 6 months after receiving the grant to provide financial and progress updates as requested.
- I agree to meet with my assigned mentor on the agreed upon dates up until 6 months after receiving the grant.
- I agree to comply with all applicable laws, regulations and orders and duly observe all requirements of governmental authorities, and all statutes and regulations, which could affect me and my business.
- I agree to carry the necessary, required and appropriate insurance that a prudent person in a similar business would normally maintain. I am responsible for my own insurance. I am aware that there is no protection provided by the Starter Company program for any claims that may arise while I am in the program.
- I agree to continue provide annual progress reports for a period of not less than three years after being accepted into the program, data reported will include business expansion and jobs created.

I therefore agree to accept the grant provided, monitoring and mentorship over the 6 months after receiving the grant.

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 Small Business Enterprise Centre to investigate all statements or other information contained in this application form and any attachments submitted with it. 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 Program.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Personal information on this form is collected in connection with the administration of counselling service to small businesses operating or proposing to operate as part of the Starter Company Program in accordance with s. 108 of the *Municipal Act, 2001*, S.O. 2001, c. 25. It may also be used to communicate with you on other initiatives, programs and services as the Small Business Enterprise Centre may make available from time to time. For more information on this collection please contact your local Small Business Enterprise Centre. All information collected in accordance with the Starter Company Program is subject to disclosure in accordance with the provisions of the *Municipal Freedom of Information and Protection of Privacy Act*, R.S.O. 1990, c. M.56.