



Starter Company PLUS

Intake Form

Today's Date: _____

Are you a current Client of the SCEC? <input type="checkbox"/> Yes <input type="checkbox"/> No	What stage is your business at? <input type="checkbox"/> Planning <input type="checkbox"/> Year Established _____
Are you taking part in any government grant programs or receiving social assistance?	
<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes - <input type="checkbox"/> ODSP <input type="checkbox"/> OW <input type="checkbox"/> EI <input type="checkbox"/> Other	
Are you currently enrolled in any self-employment or entrepreneurship training/ financing programs offered by government funded organizations? (Examples: OntarioWorks Self Employment, Summer Company, Futurpreneur)	
<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: _____	
Are you currently working outside of the business? <input type="checkbox"/> Yes <input type="checkbox"/> No - If yes Number of hours currently working? _____ - If yes, will this change? When? _____	
Are you currently attending school? <input type="checkbox"/> Yes <input type="checkbox"/> No - If yes, <input type="checkbox"/> FT <input type="checkbox"/> PT	Are you planning to return to school? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, <input type="checkbox"/> FT <input type="checkbox"/> PT
What is your highest level of education? <input type="checkbox"/> High School <input type="checkbox"/> Some college/university <input type="checkbox"/> Degree/diploma/certificate	
Are you interested in - <input type="checkbox"/> Starting a new business <input type="checkbox"/> Expanding your existing business <input type="checkbox"/> Purchasing a business	
Will you be working Full time on the business? (Minimum of 35 hours per week) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you connected to an existing family business? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have an existing company business bank account? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Client Name:	Email Address:
Mailing Address:	Phone #:
City:	Cell #:
Postal Code:	
Date of Birth:	Age:

Business Name:			
Business Mailing Address: <input type="checkbox"/> Same as above		Phone #:	
City:		Cell #:	
Postal Code:			
Website:		Is the business name registered? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Business Type: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership -% Owned____ <input type="checkbox"/> Incorporation <input type="checkbox"/> Franchise			
Business Sector:			
<input type="checkbox"/> Agriculture, Forestry, Fishing & Hunting	<input type="checkbox"/> Transporting & Warehousing	<input type="checkbox"/> Administrative & Support Services, Waste Management & Remediation Services	<input type="checkbox"/> Arts, Entertainment & Recreation
<input type="checkbox"/> Utilities	<input type="checkbox"/> Information & Cultural	<input type="checkbox"/> Education	<input type="checkbox"/> Accommodation & Food Services
<input type="checkbox"/> Construction	<input type="checkbox"/> Real Estate, Rentals & Leasing	<input type="checkbox"/> Health Care & Social Assistance	<input type="checkbox"/> Other Services
<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Professional, Scientific & Technical		<input type="checkbox"/> Unsure at this time
<input type="checkbox"/> Wholesale Trade			
<input type="checkbox"/> Retail Trade			
Description of Business:			

I agree to receive email updates from the St. Catharines Enterprise Centre on the latest news and upcoming events.

Lastly, How did you hear about Starter Company PLUS Community Event Print Ad Website

Facebook Word of Mouth - Referred by: _____ Other _____

Business Experience Questions:

Do you have a business plan or have you developed a business plan before? Yes No

Do you have a marketing plan or have you developed a marketing plan before? Yes No

Do you have experience or training in bookkeeping or accounting? Yes No

Is there any other training you would like? _____

What stage is your business at? What do you still need to complete?

What target market does the business appeal to and why do you see an opportunity there?

Who are your competitors? What sets you apart from all of your competition (e.g. your competitive advantage)?

When do you expect to start operations? When will the business be earning revenue?

What are the keys for success in your industry? Explain the 3-5 elements and activities that this business must do very well to succeed.

What do you need the grant for? How would the purchases impact your business success?