

Starter Company Plus Intake Form



Date: _____

Have you attended a Hamilton Business Centre event or consultation before? <input type="checkbox"/> Yes <input type="checkbox"/> No	Business Stage <input type="checkbox"/> Planning <input type="checkbox"/> Established/Operational (Date Started: _____)
Are you taking part in ANY government funding 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"/> CERB <input type="checkbox"/> Other: _____
Are you currently enrolled in ANY self-employment or entrepreneurship training/ financing programs offered by government-funded organizations? <small>(Example: Ontario Works Self Employment Program, Summer Company, OCE, Futurpreneur, etc.)</small>	
<input type="checkbox"/> Yes <input type="checkbox"/> No Program Name: _____	Are you currently working? <small>(Outside your business)</small> <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently attending school? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: How many courses per semester? _____	If 'Yes', how many hours per week do you work? _____
Are you planning to return to school? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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: <input type="checkbox"/> Starting a new business <input type="checkbox"/> Expanding your existing business <input type="checkbox"/> Purchasing a business	

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

Business Name: _____	
Business Mailing Address:	Phone #:
City: _____	Cell #: _____
Postal Code: _____	Business Start Date: _____
Website: _____	Business Start Date: _____
Business Type: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Incorporation	
How did you hear about Starter Company Plus? <input type="checkbox"/> Word of Mouth (Referred by: _____)	
<input type="checkbox"/> Signage <input type="checkbox"/> Community Event <input type="checkbox"/> Print Ad <input type="checkbox"/> Website <input type="checkbox"/> Social Media <input type="checkbox"/> Other: _____	

Description of Business (Explain your business, products and/or services, and pricing in detail):
What target market/customer group does the business appeal to <u>and</u> why do you see an opportunity there? (Example: What need do you/your business fill?)

Business Stage: What steps/tasks have you completed? What steps/tasks do you need to complete?

**List/identify two competitors. What sets you apart from your competition?
(Example: What is your competitive advantage?)**

When did you start operating your business (list specific date)? Are you currently operating your business part-time or full-time? What are your sales to date?

What education/training, skills and experience do you have in this industry or related industry?

What education and training would benefit you as an entrepreneur?

How would mentoring with industry professionals benefit you as an entrepreneur?

How would you spend the \$5,000 grant? How would the purchases impact your business growth and success?