

Applicant Name:	/
Applicant Email:	/
Business Name:	
Applicant Phone Number:	

Business Plan

A practical guide to assist you in developing a business plan for your business!



1.		me of comp mpany addr					
	City	y:				Postal code:	
2.		me of applic plicant addr					
	City	y:				Postal code:	
3.	Co	ntacts:	Telephone: Fax:		Cell: Email:		
4.	ls t	his a new o	r existing busine	ess?			
		New		Existing	Date the busi	ness was established:	
5.	Co	mpany's se	ector of activity	?			
•							
6.	на	ve you eve	r been in busin	ess before?			
7.	Ad	ditional inf	ormation				
	Ple	ease answe	r the following	questions:			
	a.	Have you	ever been or a	re you in the pro	ocess of applying	for protection under the	he Bankruptcy Act?
		Yes	N	0			
	b.	Have you	ever been sued	or been the subj	ect of an originatin	g notice?	
		Yes	Ν	0			
c. Are you or the business in tax arrears to CRA (HST and Source Deductions)?							
		Yes	N	0			
	d.	Have you i	received previou	us assistance fro	m the Federal or th	e Provincial governmen	t?
		Yes	Ν	0			
	lf y	ou answere	d yes to any of	the above, pleas	e provide details: L	lse additional page if rec	quired.





1. Company overview

Information providing the context for your project. Describe your business. What is your area of expertise? Describe what you do, where you do it, how and why. What are your objectives and the company's values? Please use additional page if required.



2. Products and services

Provide a list of products and/or services offered. Provide as many details as possible (i.e. pricing, supply of raw materials, transportation, etc.). If a similar one exists in your trading area, describe any advantage your business may have. Use additional page if required.

3. Are your business services/products seasonal?

	Yes	No	
lf y	es, provide perio	d of busines	s serv

If yes, provide period of business services:	
What is your high season period?	

4. Legal form of Business (type of business)

gai form of Dusiness (type of Dusiness)		
Sole proprietorship	Business name (date of registration)	
Partnership	Registration date	
Incorporated	Date of incorporation	
Co-operative	Fiscal year end	

MM DD

YYYY



5. Address of proposed locatio	4		
I can provide the zoning cert	icate for the zoning of the property	Yes	No
location. Is the zoning adequ	ite for your business?	Yes	No
Rent	Ownership		
Rent per month	Property taxes (month)		
Utilities/Heating (month)	Water/Sewers (month)		
Other expenses (month)	Insurance (month)		
Number of years of lease	Mortgage (month)		

Management (the person or persons responsible for the success of the business)
Owners/Managers/Shareholders/Key Staff (please attach detailed resumes):

Name	Position	Key Roles	Shares Held %
			%
			%
			%
			%
			%
			%
			%
			%

7. Professional advisors

Provide information on the following service providers:

		Name	Phone Number	Yearly estimated cost	Monthly estimated cost
a.	Accountant				
b.	Legal Advisor				
C.	Insurance Co./Agent				
d.	Expert Advisor			Tatal allocated	
e.	Banker Line of credit			Total allocated	



1. Market Summary

How does the industry in which your business operates work (catering, transportation, construction, agriculture, health care, retail, etc.)? What are the trends, the challenges and the future projections of this business sector? Has the industry experienced growth? Who are the industry's major players? Use additional page if required.

- 2. What is the region where you will operate your business and what is the population of that region?
 - a. Region:
 - b. Population:
- 3. Describe the profile of your target market. Who are your customers (social status, occupation, income, lifestyle, purchasing frequency, reason for purchase, when, where and how they buy)? Use additional page if required.

Sex:	Male	Female	Other
Age:	0 – 17	18 – 24	25 – 34 35 – 44
	45 – 54	55 – 64	65 or more



4. Trading area

Will all your business be generated within your local community or will your business draw customers from surrounding communities? Explain. Use additional page if required.

5. Market justification

Why do you feel the identified trading area can support your proposed project? Use additional page if required.

6. What is the average amount of money that one customer will spend per year on the products or services that you provide? Use additional page if required

7. Who are your competitors in your market? List. Use an additional page if required



8. Analysis of strengths and weaknesses. Use additional page if required.

Select four businesses among your closest competitors and perform a comparative analysis of strengths and weaknesses.

Strengths = Internal factors that positively influence your performance or the performance of your competitors. These strengths represent the foundation on which to build the future of a business. Here are a few questions to ask yourself and your competitors.

- What do you do exceptionally well?
- What benefits set you apart from your competitors?
- What are your best resources?
- What are your strengths according to your customers?

Weaknesses = Internal factors that negatively affect your performance. These weaknesses provide important potential indicators for improvement. Here are a few questions to ask yourself and your competitors.

- What could you do better?

- What are the main criticisms raised by your customers, employees, providers, subcontractors, bankers, etc.?

- Where are you vulnerable ?

Competitors Your business	Strengths	Weaknesses



1. What promotional activities will you undertake to market your products and/or services?

Example: radio, television, Internet, social media, posters, brochures, business cards, samples, trade shows, networking, newspapers, yellow pages, promotional balloons, special events, sponsors, 2 for 1 promotion, loyalty programs, etc. Use additional page if required.

2. When and how often do you plan to carry out marketing activities?

3. Promotional budget

Monthly advertising/promotion

4. How did you determine your promotional costs?

5. What payment methods will you offer your customers?

Cash	Debit card	Electronic payment (Paypal)	Other
Cheque	Credit card	Mobile payment	
Will you provide cre	edit to your customers?		
Yes	No		
What are the terms	of payment and what w	ill be the accounts receivables p	percentage?
0 day	30 days	60 days	
15 days	45 days	90 days	
	Cheque Will you provide cre Yes What are the terms 0 day	Cheque Credit card Will you provide credit to your customers? Yes No What are the terms of payment and what work of the terms of ter	Cheque Credit card Mobile payment Will you provide credit to your customers? Yes No Yes No No What are the terms of payment and what will be the accounts receivables poday 60 days



1. Location

Why did you choose this location? If you are planning to rent a commercial space, what are the lease conditions?How do you stack up against the competition? Explain. Use additional page if required.

2. What are your hours of operation?

	Opening	Closing
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

3. Legal matters

Identify what legal and regulatory matters, such as licenses and contracts, need to be addressed. Briefly explain how you will obtain them.

Business license (e.g., daycare, hair salon, dealership, gas station,

etc.) Regulations relevant to location and zoning

Health inspection

Intellectual property (e.g., patents, trademarks and copyright)

Industry-specific licenses (e.g., dentistry, alternative medicine, etc.)

Import/Export

Employee registration

Contractual agreements (partnerships, self-employed workers, etc.)

Other legal matters. Explain.

Important: Did you receive the necessary licenses and permits from the regulatory agencies (Department of Health, Public Safety, Environment, Social Development, Agriculture, Aquaculture and Fisheries, Ministry of Corporate Affairs, Canada Revenue Agency, etc.)?



4. Insurance matters

Several companies start with a liability insurance to protect themselves in the event of a lawsuit. What is the standard in your business sector? Do you have to purchase insurance? If so, what type? Explain.

5. Human resources

a.	Number of new jobs			
	Full time:	Part time:	Seasonal:	Contractual:

b. Do you have sufficient employees to fulfill business hours? No

. . .

c. Staff members

Yes

Identify the specific tasks of staff members. Also list any personal experience that could be of value for this business.

Positions	Roles/Tasks	Experience required	Wages	Benefits CPP, EI, etc…	
Owner					
Owner					
Owner					
		TOTAL			
Employee					
	ΤΟΤΛΙ				

TOTAL



6. List of machinery, equipment, fixtures and furnishings (existing and proposed), related to proposed project.

Quantity	Description (Include manufacturer's name, machine capacity, etc.)			
Quantity	machine capacity, etc.)	Year of mfg.	Year of purchase	Quote
			TOTAL	



1. Start-up costs

How much money do you need to start your business? In the first column, list all items you will need to start your business and the costs related to each one. In the next column, specify the source of funding.

Funds used	Source of funds	Monthly Payment
Land	CBDC	
Building	Bank/Credit Union	
Equipment	Provincial	
Vehicle	Government	
Leasehold improvements	ACOA	
Inventory	BDC	
Working capital	Owner's contribution	
Miscellaneous*	Miscellaneous	
Total	Miscellaneous	
*Legal fees, accounting, operating license,	Total	

etc.

Details:			

2. Owner's contribution

Are you providing assets or making a personal investment?

|--|--|

N	lo
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Are you getting a personal loan or line of credit?

Yes

No

Details on either of the two questions:



1. Enclose the necessary attachments, those that support your business plan and that will help you in selling your idea.

Here are some examples:

- · Resume
- · Copy of Photo ID for credit check (if required)
- · Copy of most recent tax return
- · Current financial statements (can be in-house)
- · Previous one year financial statement
- · Certificate and/or diploma
- \cdot Letter of intent from potential customers
- · Letter of interest from providers
- · Data from the market study
- · Results of a survey of potential customers
- · Product literature and brochures
- · Business operating license
- · Zoning certificate
- · Shareholders or partnership agreement
- · Other relevant documents
- $\sqrt{}$ Make sure you have included all necessary documents to support your plan.
- $\sqrt{\rm Make}$ sure you have included all items to support your assumptions, trends and comparisons.