

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. Name of company:
Company address:
City: Postal code:

2. Name of applicant:
Applicant address:
City: Postal code:

3. Contacts: Telephone: Cell:
Fax: Email:

4. Is this a new or existing business?
 New Existing Date the business was established:

5. Company's sector of activity?

6. Have you ever been in business before?

7. Additional information

Please answer the following questions:

a. Have you ever been or are you in the process of applying for protection under the Bankruptcy Act?

Yes No

b. Have you ever been sued or been the subject of an originating notice?

Yes No

c. Are you or the business in tax arrears to CRA (HST and Source Deductions)?

Yes No

d. Have you received previous assistance from the Federal or the Provincial government?

Yes No

If you answered yes to any of the above, please provide details: Use additional page if required.



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

If yes, provide period of business services:

What is your high season period?

4. Legal form of Business (type of business)

Sole proprietorship

Partnership

Incorporated

Co-operative

Business name (date of registration)

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Registration date

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Date of incorporation

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Fiscal year end

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5. Address of proposed location:

I can provide the zoning certificate for the zoning of the property Yes No

location. Is the zoning adequate 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)

6. 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 %
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

7. Professional advisors

Provide information on the following service providers:

	Name	Phone Number	Yearly estimated cost	Monthly estimated cost
a. Accountant	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
b. Legal Advisor	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
c. Insurance Co./Agent	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
d. Expert Advisor	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
e. Banker Line of credit	<input type="text"/>	<input type="text"/>	Total allocated	<input type="text"/>



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

How many customers in your market between the ages identified above?



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	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?

- | | | | |
|---------------------------------|--------------------------------------|--|--------------------------------|
| <input type="checkbox"/> Cash | <input type="checkbox"/> Debit card | <input type="checkbox"/> Electronic payment (Paypal) | <input type="checkbox"/> Other |
| <input type="checkbox"/> Cheque | <input type="checkbox"/> Credit card | <input type="checkbox"/> Mobile payment | |

6. Will you provide credit to your customers?

- Yes No

7. What are the terms of payment and what will be the accounts receivables percentage?

0 day	<input type="text"/>	30 days	<input type="text"/>	60 days	<input type="text"/>
15 days	<input type="text"/>	45 days	<input type="text"/>	90 days	<input type="text"/>

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	<input type="text"/>	<input type="text"/>
Tuesday	<input type="text"/>	<input type="text"/>
Wednesday	<input type="text"/>	<input type="text"/>
Thursday	<input type="text"/>	<input type="text"/>
Friday	<input type="text"/>	<input type="text"/>
Saturday	<input type="text"/>	<input type="text"/>
Sunday	<input type="text"/>	<input type="text"/>

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 to be created.

Full time: Part time: Seasonal: Contractual:

b. Do you have sufficient employees to fulfill business hours?

Yes No

c. Staff members

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...
TOTAL				
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	<input type="text"/>	CBDC	<input type="text"/>	<input type="text"/>
Building	<input type="text"/>	Bank/Credit Union	<input type="text"/>	<input type="text"/>
Equipment	<input type="text"/>	Provincial	<input type="text"/>	<input type="text"/>
Vehicle	<input type="text"/>	Government	<input type="text"/>	<input type="text"/>
Leasehold improvements	<input type="text"/>	ACOA	<input type="text"/>	<input type="text"/>
Inventory	<input type="text"/>	BDC	<input type="text"/>	<input type="text"/>
Working capital	<input type="text"/>	Owner's contribution	<input type="text"/>	<input type="text"/>
Miscellaneous*	<input type="text"/>	Miscellaneous	<input type="text"/>	<input type="text"/>
Total	<input type="text"/>	Miscellaneous	<input type="text"/>	<input type="text"/>
		Total		

*Legal fees, accounting, operating license, etc.

Details:

2. Owner's contribution

Are you providing assets or making a personal investment?

Yes No

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
- 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

√ Make sure you have included all necessary documents to support your plan.

√ Make sure you have included all items to support your assumptions, trends and comparisons.