



# BUSINESS DEVELOPMENT CENTRE ONTARIO SELF-EMPLOYMENT BENEFIT PROGRAM

## BUSINESS CONCEPT SUMMARY

Client name: \_\_\_\_\_

Proposed business name: \_\_\_\_\_

Type of business: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Where did you hear about our program? \_\_\_\_\_

NCBDC Office use only!	
Contacted by: _____	Date: ____/____/____
Advisor Name	M    D    Y

Ownership: Sole Proprietorship  Partnership  Corporation  Other

Description of business:

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Is this a new business for you?                      Yes  No

Are you acquiring an existing business?                      Yes  No

Is it a franchise?                      Yes  No

Is it a co-operative?                      Yes  No

Are you currently in receipt of severance?                      Yes  No

Do you expect to receive a severance within  
the next 12 months?                      Yes  No

Describe any steps you have already taken to become self-employed. Please present any samples, business cards, registrations, etc.

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Proposed Business Outline

Are you currently working? Yes \_\_\_ No \_\_\_

If yes, how many hours per week? \_\_\_\_\_

Anticipated business start date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
M D Y

Planned location: Home-based \_\_\_ other \_\_\_ Please specify:

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Describe any current or previous business venture(s) which you may have been involved in:

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Is the business still operating? Yes \_\_\_ No \_\_\_  
If the answer is "No", why did the business close?

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What market research have you completed? e.g. surveys, prospect lists, etc.

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Estimated financing required: \_\_\_\_\_

Potential sources of financing e.g. personal, borrowed: \_\_\_\_\_

How many hours per week do you believe you will have to work at your business?

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How will self-employment impact your family situation?

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Are you working on or do you have a business plan completed with the assistance of an accountant or other business consultant? Yes \_\_\_ No \_\_\_

Comments:

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Have you participated in any self-employment programs or training, including any programs or training of any type paid for by the federal or provincial governments, within the last 24 months? Yes \_\_\_ No \_\_\_

If yes, what type of training, and when did you attend?

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Additional Comments:

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Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_  
M D Y