



**NIAGARA COLLEGE BUSINESS DEVELOPMENT CENTRE
ONTARIO SELF-EMPLOYMENT BENEFIT PROGRAM**

BUSINESS CONCEPT SUMMARY

Client name: _____

Proposed business name: _____

Type of business: _____

Home phone: _____ Cell phone: _____

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

Ownership: Sole Proprietorship Partnership Corporation Other

Description of business:

Is this a new business for you? Yes No

Are you acquiring an existing business? Yes No

Is it a franchise? 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.

Are you currently working? Yes No

If yes, how many hours per week? _____

Proposed Business Outline

Have you participated in any training or employment programs paid for by the federal or provincial governments? Yes ___ No ___

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

Anticipated business start date: ___/___/___
M D Y

Planned location: Home-based ___ other ___ Please specify:

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

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

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?

How will self-employment impact your family situation?
