

*Fegroville*  
**BUSINESS DEVELOPMENT CENTRE**

**BUSINESS INCUBATOR APPLICATION**

**Section 1-Personal Information**

Applicant Name  Date of Application

Mailing Address  Postal Code

Phone Numbers  Email

Website (option)

**Section 2 – Business Overview**

1. Business Name

2. Business Type – please check all that best apply to your business.

Advertising/Promotions <input type="checkbox"/>	Film & Video Publishing <input type="checkbox"/>	CAD Web Design <input type="checkbox"/>
Marketing/Communications <input type="checkbox"/>	Event Management <input type="checkbox"/>	Software Development <input type="checkbox"/>
E-Commerce Business <input type="checkbox"/>	Digital Industry <input type="checkbox"/>	Interactive Software <input type="checkbox"/>
Leisure/Tourism <input type="checkbox"/>	Software & Computer Services <input type="checkbox"/>	Television and Radio <input type="checkbox"/>
Mobile Developments <input type="checkbox"/>	Architecture Development <input type="checkbox"/>	Project Management <input type="checkbox"/>
Financial Services <input type="checkbox"/>	Music production/service <input type="checkbox"/>	Craft/ Design /Fashion <input type="checkbox"/>
Performing / Visual Arts <input type="checkbox"/>	Consultant/legal Services <input type="checkbox"/>	Accountancy <input type="checkbox"/>
Tax/ Payroll Services <input type="checkbox"/>	Recruitment <input checked="" type="checkbox"/>	H.R./ Training <input type="checkbox"/>
Other <input type="checkbox"/>	Type of other:	

Please describe your business


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3. Does this Business currently exist? No  -skip to #5 Yes  - complete # 4.

**Section 2.A Business Operation**

4. When did the business start \_\_\_\_\_,\_\_\_\_,20\_\_

Do you have a Town of Vegreville Business Licence? Yes  No

At what stage is your company at?

Early Stage (concept stage)	<input type="checkbox"/>
Start-Up Stage	<input type="checkbox"/>
Operating and Profitable	<input type="checkbox"/>
Looking at expansion	<input type="checkbox"/>
Looking at international markets	<input type="checkbox"/>

Where are you currently operating from?

Home  Shared office space  Other

5. Do you have a business plan? No  1<sup>st</sup> Draft  Completed

6. Nature of the operation: Sole Proprietorship  Partnership  Incorporated   
 Non-Profit Organization  Other

7. What are your target markets?


8. How will you market/promote your products or services?


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**Section 2.B Business Goals**

9. Who are your major competitors?

10. What geographic area are/will the majority of your customer base be located.

11. Please list your short term business goals (1-2 years).

12. Please list your long term business goals (3-5 years)

	Year 1	Year 2	Year 3
Revenue Projections			
Based on what assumptions			

13. Describe your relative experience for this business type.

14. Is this the first business you have started: Yes  No  -explain:

15. Have you researched any other options for available rental/lease space? Yes  No

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**Section 3 - Support Services**

1. Which of the following services and support are you interested in receiving?

Strategic Planning	<input type="checkbox"/>	Marketing Services	<input type="checkbox"/>	Expansion Support	<input type="checkbox"/>
Financial Planning	<input type="checkbox"/>	Taxation Services	<input type="checkbox"/>	Funding Sources	<input type="checkbox"/>
Succession Planning	<input type="checkbox"/>	Partnership Development	<input type="checkbox"/>	Business Plan Guidance	<input type="checkbox"/>
Accounting Services	<input type="checkbox"/>	Contacts to like businesses	<input type="checkbox"/>	Access to courses	<input type="checkbox"/>
Legal Services	<input type="checkbox"/>	Business Mentorship	<input type="checkbox"/>	Workshops/Training	<input type="checkbox"/>
Insurance	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>

2. Telecommunication needs:

Do you require an independent phone line? Yes  No

Do you require internet access connections? Yes  No

3. What types of in house support services will you require?

Receptionist	<input type="checkbox"/>	Secretarial	<input type="checkbox"/>
Copier	<input type="checkbox"/>	Fax Machine	<input type="checkbox"/>
Mail Handling	<input type="checkbox"/>	Conference Room	<input type="checkbox"/>
Computer	<input type="checkbox"/>	Other _____	<input type="checkbox"/>

Do you currently have an accountant? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you need marketing assistance? \_\_\_\_\_ Yes \_\_\_\_\_ No

All clients may have access to various professional mentors. What areas of expertise would you be interested in connecting with?

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**Section 4- Facility**

1. Are you currently occupying a facility (either in your home or at a commercial location)?

Yes       No

If yes, what is your current location? \_\_\_\_\_

Are you planning on keeping this location? Why or why not?


What is your approximate monthly cost for this facility? \$ \_\_\_\_\_ /month

If accepted as a client, when would you want to start occupancy in the facility? \_\_\_\_\_

2. Will any additional partners/employees need access to your office space?  
\_\_\_\_\_

3. The Facility hours are Monday to Friday 8:30 to 4:30. Would you need additional access to the building? No       Occasional       Evenings       Weekends

4. How do you think participation in the Business Incubator will benefit your business?


5. What do you predict to be your greatest challenge with this business venture?


6. Do you have a preplanned exit strategy and ideas on where you will relocate this business too?


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**Section 5 -Business Financial Information**

- 1. What are your projections for total net profit?  
1- 3 months \$\_\_\_\_\_ 4-6 months \$\_\_\_\_\_ 6-12 months \$\_\_\_\_\_
  
- 2. What is the amount and source of financing for operating your business?
  - A. Existing Loan(s) Amount \$ \_\_\_\_\_
  - B. Cash/Equity Amount \$ \_\_\_\_\_
  - C. Operating Expenses are/will be covered by sales
  - D. Other

- 3. Are you currently seeking additional funding for your business?  
\_\_\_\_\_ Yes \_\_\_\_\_ No
  
- If yes, please state funds needed: \$ \_\_\_\_\_

Where do you plan to obtain these funds? \_\_\_\_\_

Please provide three (3) professional references with your business plan and this application.

If you need assistance writing your business plan please contact the Vegreville Business Development Centre. 780-632-3801

I am applying for admission to the Vegreville Business Development Centre Incubator. I understand that the information contained in this application will be held in the strictest confidence. I understand that as a part of the screening process, my credit history and financial references may be investigated. I further understand that this application is subject to review and in no way guarantees my admittance to this program and that no liability will be assumed by Vegreville Business Development Centre or any parties within.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_