



HOW DID YOU HEAR ABOUT OUR PROGRAMS AND SERVICES?

- | | |
|---|--|
| <input type="checkbox"/> Economic Development Officer | <input type="checkbox"/> Waubetek Facebook page |
| <input type="checkbox"/> Signs | <input type="checkbox"/> Information Sessions hosted by Waubetek |
| <input type="checkbox"/> Word of Mouth (friends/family) | <input type="checkbox"/> Waubetek Newsletter |
| <input type="checkbox"/> Waubetek Website | <input type="checkbox"/> Waubetek Radio Ads |

Other (please specify): _____

APPLICANT INFORMATION:

NOTE: If more than two applicants, please attach sheet with same information below plus Summary of Net Worth for each applicant.

1) Primary Applicant: Legal Name (as shown on Driver's License or primary ID used for business purposes):

- Male Female
 Gender Neutral

- First Nation Community: 10-digit Status card no. _____ Inuit Tapiriit Kanatami membership letter att'd
 First Nation Unregistered (Non-Status) Non-Indigenous

Social Insurance Number: _____ Date of Birth (dd/mm/yy): _____

Home Mailing address: _____

Residence Telephone #: _____ Cell Phone #: _____

Personal Email Address: _____

2) Second Applicant: Legal Name (as shown on Driver's License or primary ID used for business purposes):

- Male Female
 Gender Neutral

- First Nation Community: 10-digit Status card no. _____ Inuit Tapiriit Kanatami membership letter att'd
 First Nation Unregistered (Non-Status) Metis Non-Indigenous

Social Insurance Number: _____ Date of Birth (dd/mm/yy): _____

Home Mailing address: _____

Residence Telephone #: _____ Cell Phone #: _____

Personal Email Address: _____

BUSINESS INFORMATION:

1) Applicant # 1 Ownership percentage: _____ % 2) Applicant # 2 Ownership percentage: _____ %

Business Operating Name: _____ Incorporation Number (if incorporated): _____

9 digit CRA Business Number _____ 8 digit Ontario Master Bus. Lic. No. w/ _____

Expiry Date: _____

Business Physical Address: _____ Business Telephone Number: _____

_____ Business Email Address: _____

_____ Website Address: _____

APPLICANT/OWNER'S SUMMARY OF NET WORTH

(If there are more than two applicants, please attach sheet with same information below for each applicant)

ASSETS	\$	LIABILITIES	\$
Cash/Bank balance(s)	_____	Credit Card/Charge Account Balances	_____
Real Estate	_____	Mortgages	_____
Equipment	_____	Loans outstanding	_____
Vehicles	_____	Vehicle loans outstanding	_____
Other (specify)	_____	Other (specify)	_____
Total Assets	(A) _____	Total Liabilities	(B) _____

Applicant/Owner's Summary of Net Worth: (A) - (B) = \$ _____

ESTIMATED PROJECT FINANCING \$

Consultant Costs: (Check One)		
<input type="checkbox"/> Feasibility,		\$ _____
<input type="checkbox"/> Business Plan,		\$ _____
<input type="checkbox"/> Business Valuation		\$ _____
Total		\$ _____
Business Support		
<input type="checkbox"/> Bookkeeping		\$ _____
<input type="checkbox"/> Legal		\$ _____
<input type="checkbox"/> Mentoring		\$ _____
Total		\$ _____
Capital:		
<input type="checkbox"/> Capital Construction, Renovations		\$ _____
<input type="checkbox"/> Equipment		\$ _____
<input type="checkbox"/> Inventory (3 months)		\$ _____
<input type="checkbox"/> Other (describe):		\$ _____
Total		\$ _____
Operating Capital:		
<input type="checkbox"/> Insurance (3 months)		\$ _____
<input type="checkbox"/> Utilities (3 months)		\$ _____
<input type="checkbox"/> Rent (3 months)		\$ _____
<input type="checkbox"/> Other (describe):		\$ _____
Total		\$ _____
Marketing		
<input type="checkbox"/> Signage		\$ _____
<input type="checkbox"/> Media Advertising		\$ _____
<input type="checkbox"/> Website		\$ _____
<input type="checkbox"/> Promotional materials		\$ _____
Total		\$ _____
Total Project Costs	Total Project Financing	\$ _____

APPLICANT CHECKLIST:

I (We) certify that all information given in this application is true and complete.

I (We) authorize and consent to having the Waubetek Business Development Corporation obtain from and share with persons or organizations, public or private, any information necessary to complete the assessment of the project outlined in this application.

I (We) authorize the right of access to any relevant funding agency to review any of my client files maintained by the Waubetek Business Development Corporation.

I (We) authorize the Waubetek Business Development Corporation to audit the records of my business during the term of my agreement with Waubetek.

I (We) understand that any false information given in this application and any accompanying materials may result in the rejection of this application or the immediate demand for the repayment of any contribution or loan in full with any interest accrued thereon.

I (We) authorize the Waubetek Business Development Corporation to verify the information provided on this application as to my credit and employment history.

Please Print Name of Applicant

Signature of Applicant

Please Print Name of Applicant

Signature of Applicant

Signed at _____ this _____ day of _____ 20 _____
(location) (day) (month) (year)

*** IMPORTANT NOTICE ***

Costs incurred prior to written approval for Financing by Waubetek will not be eligible.

Also, cash payments for approved project purchases are also not eligible.

Once this application is complete...remit to Waubetek.

For further information or assistance with this application, please contact our office at:

Waubetek Business Development Corporation

P.O. Box 209, 6 Rainbow Valley Road, Birch Island, Ontario P0P 1A0

Phone: (705) 285-4275

E-mail: waubetek@waubetek.com

Date Application Received by Waubetek	Receiver's Initials	Business Location	BDO Initials
_____ Month / Day/ Year			