

Investing in the Aboriginal Business Spirit FINANCING APPLICATION

HOW DID YOU HEAR ABOUT OUR PROGRAMS AND SERVICES?

Economic Development Officer	Waubetek Facebook page
Signs	Information Sessions hosted by Waubetek
Word of Mouth (friends/family)	Waubetek Newsletter
Waubetek Website	Waubetek Radio Ads
Other (please specify:	

APPLICANT INFORMATION:		
NOTE: If more than two applicants, please attach she Summary of Net Worth for each applicant.	eet with same information below plus	
1) Primary Applicant: Legal Name (as shown on Driver's Li		└── Male └── Female └── Gender Neutral
 First Nation Community: 10-digit Status card no First Nation Unregistered (Non-Status)Non 		riit Kanatami membership letter att'd
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 Lic		Male Female Gender Neutral
 First Nation Community: 10-digit Status card no First Nation Unregistered (Non-Status) Metis 	🗌 Inuit Tapir	l riit Kanatami membership letter att'd
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	Ontario Business Name (BIN) Reg. No
	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 info	ormation below for each applicant)

\$	LIABILITIES	\$
	Credit Card/Charge Account Balance	ces
	Mortgages	
	Loans outstanding	
	Vehicle loans outstanding	
	Other (specify)	
)		(B)
	\$ 	Credit Card/Charge Account Balance Mortgages Loans outstanding Vehicle loans outstanding Other (specify)

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

ESTIMATED PROJECT FINANCING \$

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

APPLICANT CHECKLIST:

(All highlighted sections must be attached to the application before the application is considered complete, otherwise it may not be considered)	lf Yes, please add attachment	NO	N/A
Attach resume (include legible photocopies of any certifications / licenses you have attained that pertain to this business). Do NOT send originals			
Existing businesses please attach copies of the past three years of financial statements if this is an existing business or an acquisition.			
Attach a brief summary of the project (in 1 or 2 pages) or a copy of your business plan (if completed).			
Attach identification. This includes: Birth Certificate, Aboriginal Ancestry (Certificate of Indian Status, letter of confirmation through the Inuit Tapiriit Kanatami) and Driver's Licence (photocopy all front and back).			
Provide proof of cash equity in the form of current bank statement. Date of statement (dd/mm/yy) Amount available (\$)			
If your business is located on-reserve, attach a First Nation business permit, if required and your Certificate of Possession. If you are off-reserve, provide applicable licenses (federal, provincial, or municipal).			
businesses please attach the following forms: Business Registration with Canada Revenue Agency, Ontario Master Business License, and Workplace Safety and Insurance Board Registration (if applicable).			
Will your project have any possible negative environmental impacts?			
Attach list of proposed security or collateral if you are applying for a commercial loan including description (make, model and VIN) and estimated value.			
Are you related to a member of the Waubetek Board or staff? If yes, please specify the relationship.			
Have you ever declared bankruptcy? If yes, please provide written details of the bankruptcy.			
Attach a partnership agreement and/or articles of incorporation of the business if applicable.			
Have you received any previous financial assistance from Waubetek or the Government of Canada? If yes, please give description.			
Do you or your business owe money to the Government of Canada? If yes, please specify.			
Provide written cost quotations from the supplier for any costs greater than \$1,000. The quote must contain vendor's business address, phone number and price. For costs greater than \$10,000, we require 3 quotes.			
Provide copies of any business contracts or letters of intent from potential customers for your business.			
Attach confirmation that the business has, or a quote for, adequate commercial liability and business property insurance.			
Are there any reasons (legal, medical, etc.) why you may not be able to complete your project? If yes, please provide a written description of the issue(s).			
Attach a quote or confirmation that the business has or will enter into an acceptable bookkeeping contract with an accountant/bookkeeper in order to provide annual financial statements to Waubetek. Accountant/Bookkeeper Name:			

Please note: If financing is approved, Social Insurance Number and a voided cheque or bank confirmation for a business bank account will be required.

These requirements will be stated in any financing agreement.

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		Signa	Signature of Applicant				
Please Print Name of Applicant		Signa	Signature of Applicant				
Signed at(loca	ation)	(day)	day of _	(month)	20 (year)		
*** IMPORTANT NOTICE *** Costs incurred <u>prior to</u> written a Also, cash payments for approv				eligible.			
Once this application is comple For further information or assist		lease conta	ict our of	fice at:			

Waubetek Business Development Corporation P.O. Box 209, 6 Rainbow Valley Road, Birch Island, Ontario POP 1A0 Phone: (705) 285-4275 E-mail: waubetek@waubetek.com