



## Application for Business Incubator

Applicant's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_ Postal Code \_\_\_\_\_

1. Business Name/Idea \_\_\_\_\_

Email Address \_\_\_\_\_

Website (Yes/No) \_\_\_\_\_ Website Address: \_\_\_\_\_

In what sector is your business i.e. Agriculture, Retail, Construction? \_\_\_\_\_

\_\_\_\_\_

Describe your business: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Does the business currently exist i.e. Have you registered your business? Do you have a business license? Name? No  Yes  – If yes, please complete below:

When did the business start? \_\_\_\_\_

At what stage is your company at?

Early-stage [idea/concept]

Start-up

Operating and profitable

Looking at expansion

Looking at going international

Where are you currently operating from (home/outside office)?

\_\_\_\_\_

Do you have a business plan? 1st Draft  Several drafts  Completed



3. Ownership:

Nature of the business operation:

Sole Proprietorship

Partnership

Incorporated

Owners or shareholders:

Name	Role/Title	% Equity	Hours/Week Dedicated to Business

**Additional Notes:**

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4. What are/were your reasons for starting a business?

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5. Describe in a few words what your business concept is.

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6. What are your target markets?

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7. How will you market your products or services?

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8. Who are your major competitors?

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9. Describe your competitive advantage.

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**Additional Notes:**

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10. Please list your business goals for the next one to two years.

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11. Please list your business goals for the next three to five years.

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	Year 1	Year 2	Year 3
<b>Revenue Projections</b>			
<b>Based on what assumptions</b>			

12. Describe your experience relative to this business venture.

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13. Is this the first business that you have started?

Yes       No  - Explain:

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14. What is your educational background?

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**Answer the following if your business is a food-based business:**

1. Does your business require the use of the kitchen? If so, what areas, bakery, meat preparation etc.?
  
2. Will you need storage space?
  
3. How often would you access the kitchen area(s)?
  
4. Do you require any special equipment?
  
5. Besides yourself who might be joining you in the kitchen?

Thank you completing this application. Please distribute to your Portage College Incubator contact.

Portage College is collecting this personal information pursuant to section 33 (c) of the FOIP Act as the information relates directly to and is necessary to meet the program and service delivery.

I authorize Portage College to disclose relevant personal information about me collected on this form to affiliated business support services for the purpose of their service experience in entrepreneur development.

Applicant's Signature:

Date Signed: