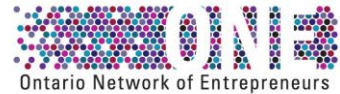


Intake Form



Walk in Telephone

Information about you

Date: _____

Your Name: _____ Business Name: _____

Is the business name registered? Yes No

Is the business going to be a: Full-time business Part-time business

City: _____ Phone: _____

Email: _____ Website: _____

Address: _____

Check all that apply: I am under the age of 29 I am a student

I agree to receive email updates from the Enterprise Centre on the latest news and upcoming events.

Information about your business

Please describe the business idea:

Business Status: Please select the following that applies best to your business

I have an idea for a business I will be ready to start in the next 3 months

I have been operating less than 1 year I have been operating more than 1 year

Date the business started/Anticipated start date: _____

Have you started your business plan?

Yes No Need assistance with my plan

Business Structure: Please select the following that applies best to your business

Sole Proprietor Partnership Corporation Co-op Non-Profit

Financing required to start/grow: Loan \$_____ Owner Contribution \$_____

What do you hope to achieve through your contact with the office?

Interested in information on the following topics: (Check ALL that apply)

<input type="checkbox"/> Steps to Starting a Business	<input type="checkbox"/> Evaluating your Idea	<input type="checkbox"/> Business Plan
<input type="checkbox"/> Market Research	<input type="checkbox"/> Building your Business Online	<input type="checkbox"/> Sales and Marketing
<input type="checkbox"/> Accounting/Bookkeeping	<input type="checkbox"/> Cashflow Forecasting	<input type="checkbox"/> Other:

How did you hear about us?

- Chamber of Commerce
- Innovate Niagara
- Word of Mouth
- Website
- Other, please explain: _____
- City Hall
- Brock University
- Walk in
- Niagara College
- Welland Job Gym
- Bank: _____
- Venture Niagara
- BDC