business inc.

Starting a business? Let us help boost your plans

What's in it for you?

- ✓ A new or refined business plan
- ✓ One-on-one consultation with a business advisor
- ✓ A certificate of completion
- ✓ A network of other entrepreneurs

IMPORTANT

You must save this application form to your computer before you begin.

PC and Mac users, be sure to use *Adobe Reader* to complete this application.

Download Adobe Reader at adobe.com/products/reader.html

Application form

| Personal information | | |
|---|------------------------------------|--------------|
| First name: | | |
| Last name: | | |
| Address: | | |
| | | |
| Province: | City: | Postal Code: |
| Telephone: | | |
| Email: | | |
| Submit the application via fax 416-981- | -3206 or email to businc@tbdc.com. | |

The personal information on this form is collected under the authority of the Public Libraries Act and the Municipal Freedom of Information and Protection of Privacy Act. This information will only be used for the provision services and programs by Toronto Public Library, Toronto Business Development Centre and the City of Toronto. Questions related to the collection of this personal information should be directed to the City Librarian's Office, Toronto Public Library, 789 Yonge Street, Toronto, ON, M4W 2G8. Telephone: 416-393-7032.



Questions? Call 416-345-9437.





Academic & employment background

| Education (Include any courses that will support the success of your business) |
|---|
| School(s): |
| Area(s) of study: |
| |
| Level completed: |
| Year completed: |
| Other (training programs, certification, etc.): |
| |
| Have you completed any other self-employment training program in the last five years? If so, describe (program name, location, year). |
| Business-related employment history |
| Current employer, if any: |
| Company name: |
| Position: |
| Previous employers: |
| Company name: |
| Position: |
| Company name: |
| Position: |
| |

| Have you ever been self-employed: \square yes \square no |
|--|
| If yes, give details (e.g. what, when, where, functions you performed): |
| Business outline |
| 1. Business profile |
| Have you started your business? \square Yes \square No |
| If you answered Yes, how long have you been operating your business? |
| If Yes, what is the name of your business? |
| Will your (or is your) involvement in your new or early-stage business full-time or part-time? |
| If you are starting a new business, when do you plan to start operation? |
| Will you (or do you) have majority control of your business? |
| Describe the product/services offered by your business in 15 words or less. |

2. Product / Service Description

Provide a more detailed description of the products/services offered by your business. Outline key features and benefits of your products/services.

(Add additional pages if additional space is needed for any of the following sections.)

3. Market Overview

Tell us about the market for products/services offered by your business. Who are your customers? What needs do they have for products/services? Why would they buy from your business rather than the competition? Have you researched or undertaken any market analysis (e.g. Library, Statistics Canada, on-line research, yellow pages, trade associations, customer surveys, etc)? How will you market to potential customers? (e.g. in person, store, mail, trade shows, distributors, over the Internet, etc.) Describe why you think this existing business or proposed business idea is viable from a market perspective.

4. Competitive advantage

| | tition. Who are they? What are their strengths and weaknesses? What narketplace? What is your competitive advantage? |
|---------------------------|---|
| 5. Financing | |
| amount of financing requ | e success of any business. Applicants are encouraged to consider the ired to start their business and sources of funding available to them. This I in assessing your application. |
| How much money do you | think is required to start your business: \$ |
| | oted amount do you have available now usiness or proposed business idea: \$ |
| What additional funding a | re you seeking: \$ |
| Where do you think you w | ill obtain this financial support: |
| Personal investment: | \$ |
| ☐ Family support: | \$ |
| ☐ Bank loans: | \$ |
| ☐ Other: | \$ |

| 6. Work in progress |
|--|
| What steps have you already taken to make your proposed business idea a reality? |
| |
| |

7. Looking ahead

What concrete steps are you planning to take in the next six months to move your business forward?

Additional Information

| How did you find out about this program? | Check one: | |
|--|------------|---|
| | | O I already had a valid Toronto Public Library card. |
| Did someone recommend this program to you? \Box yes \Box no If yes, who: | | I registered for a Toronto Public Library card in order to participate in this program. |
| , | | I renewed my Toronto Public Library card in order to participate in this program. |
| Preferred Location: | | |

Participant requirements

You must be 18 years of age, have a valid Toronto Public Library card and have a potentially viable business idea to be eligible for the program. All applications will be reviewed by a selection panel. Limited to 40 participants, there is no guarantee that you will be accepted into the program. Only one individual per business can be eligible for the program. The \$150+HST program fee will be due upon acceptance into the program.

All program participants agree to:

- Start a new business within a six-month period or accelerate the growth of their early-stage business
- Attend and participate in all workshop sessions
- Work to complete a comprehensive business plan for review by a business advisor
- Participate in a follow-up email questionnaire in six months

I have read and agree to the "Participant requirements".

Type or print your name:

Date (MM/DD/YY):

Attach any other materials or information on your exisiting business or proposed business idea. (ie, brochures, plans, etc).