

APPLICATION FORM

PERSONAL INFORMATION

First Name		Last Name	
Address			
City	Province	Postal Code	
Phone Number	Cell Number	Email Address	
DOB (MM/DD/YYYY)			

PERSONAL FINANCIAL INFORMATION

Assets Value (\$)	Liabilities Value (\$)
Cash	Mortgages/Rent
Real Estate	Bank Loans
Vehicles	Student Loans
Investments	Credit Cards
Personal Effects	Support Payments
Other	Other
Total Assets	Total Liabilities
Personal Net Worth (total assets minus total liabilities) (\$)	
Are there any outstanding complaints or orders against you issued by the Canada Revenue Agency, personal or business related? <input type="checkbox"/> Yes <input type="checkbox"/> No	

APPLICATION FORM

BUSINESS INFORMATION

Legal Business Name/Operating Name		
Address		
City	Province	Postal Code
Phone Number	Fax Number	Website
Brief description of your business		
This business is a: <input type="checkbox"/> Start-up <input type="checkbox"/> Expansion		
This is an existing business? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Business has been operating		
Number of months full-time	Or number of months part-time	
Business currently employs		
Number of full-time employees	Number of part-time employees	
Loan funds will create		
Number of full-time employees	Number of part-time employees	
Have there been any financial and/or legal commitments made on behalf of the business? (Please specify)		

APPLICATION FORM

<p>This business is a (check one):</p> <p><input type="checkbox"/> Sole Proprietorship</p> <p><input type="checkbox"/> Partnership</p> <p><input type="checkbox"/> Incorporation</p> <p><input type="checkbox"/> Non-Profit</p> <p><input type="checkbox"/> Limited Partnership</p> <p><input type="checkbox"/> Co-operative</p>	<p>Business sector (check one):</p> <p><input type="checkbox"/> Food & Beverage</p> <p><input type="checkbox"/> Healthcare</p> <p><input type="checkbox"/> Retail</p> <p><input type="checkbox"/> Service</p> <p><input type="checkbox"/> Technology</p> <p><input type="checkbox"/> Other: _____</p>
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List names and percentage of shares of all principal owners of the business

Full Name	% of Shares	Phone Number
1.		
2.		
3.		

BUSINESS FINANCIAL PROJECTIONS

Projected Costs (\$)	Sources of Financing (\$)
Land	impact Loan
Building(s)/Lease(s)	Kick\$tart Loan
Equipment	Futurpreneur
Working Capital	Bank Loan/Financing
Other	Commerical Mortgage
Other	Personal Investments
Other	Other
Total Project Costs	Total Financing

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Please attach your business plan and financial projections. A photocopy of your driver's license is required. All information provided will be kept confidential unless otherwise required by law. Applicants under the age of 19 require the signature of a parent or legal guardian.

DECLARATION

I confirm that the information provided in this application is, to the best of my knowledge, complete, true and correct.

I agree to provide all information required to complete the assessment of this project and I further authorize Metro Business Opportunities Corporation to make any and all enquiries of such persons, firms, corporations or other government agencies as deemed necessary in order to reach a decision on this application.

I authorize Metro Business Opportunities Corporation to request a credit report as part of the assessment of this application.

Applicant Signature	Date
Parent/Legal Guardian Signature	Date
For Office Use Only	
D.O. Initials	Date Received