



Sagamok First Nation
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BUSINESS PROPOSAL APPLICATION FORM FOR

Name of Applicant Name of Business

Address: _____ Town: _____ P.C. _____

Telephone: _____ Proposed Business Location: _____

FORM OF BUSINESS OWNERSHIP: Sole Proprietor Partnership Corporation

Names of signing officers/shareholders: _____

CLASSIFICATION OF BUSINESS:

Retail Food Tourism Manufacturing Service Construction
Wholesale Distribution Pulpwood Operation or Other (explain): _____

1. **INVOLVEMENT:** Full-time Part-time Hours of Operation _____

If part-time, please explain why: _____

Number of hours you plan to work weekly _____

2. **OBJECTIVES:** Describe in detail what product or service your business will provide.

3. **COMPETITION AND SUPPLIERS:**

COMPETITOR	LOCATION	DESCRIPTION

4. **MARKETING:** Who will your customers be?

CUSTOMERS	LOCATION	DESCRIPTION

5. Explain why they will prefer your product service that of your competitors?

6. How will you inform customers about your service product?

7. What form of advertising would be most effective for your business?

8. Projections based on a one month basis.

Cost of products/services sold	Average Production	Amount of Revenue

OPERATING REQUIREMENTS:

9. What Government regulations, licenses, permits and insurance pertains to your business?

10. Will you be obtaining any of these requirements?

Yes

No

11. What skills are required to operate this business?

12. Will you be obtaining any employees? Yes No How many F/T? ____ How many P/T? ____

FINANCIALS

13. **SOURCE OF FUNDS:** List all startup costs you would need. Attach quotes.
(eg. Building material, equipment, inventory, insurance, utilities, signage, website, computer, legal etc.)

Description of Item to be purchased	To be purchased from	Cost

Total cost of project: \$

14. **AMOUNT OF CLIENT CASH EQUITY** AMOUNT \$ _____

LOANS: INSTITUTION AMOUNT \$ _____

LOANS: INSTITUTION AMOUNT \$ _____

GRANTS: INSTITUTION AMOUNT \$ _____

SAULTEAUX GRANT REQUESTED AMOUNT \$ _____

TOTAL \$ _____

