



Starter Company Plus Intake Form

Today's Date: _____

Have you been in for a consultation before? <input type="checkbox"/> Yes <input type="checkbox"/> No		What stage is your business at? <input type="checkbox"/> Planning <input type="checkbox"/> Est. _____	
Are you taking part in any government grant programs or receiving social assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes: <input type="checkbox"/> ODSP <input type="checkbox"/> OW <input type="checkbox"/> EI <input type="checkbox"/> Other: _____	
Are you currently enrolled in any self-employment or entrepreneurship training/financing programs offered by government-funded organizations? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes: _____ <i>(Example: OSEB, Ontario Works Self Employment Program, Summer Company, OCE, Futurpreneur)</i>	
Are you currently working? <i>(outside your business)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you currently attending school? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: How many courses per semester? _____		
If 'Yes' you are working, how many hours per week? _____	Are you planning to return to school? <input type="checkbox"/> Yes <input type="checkbox"/> No		
What is your highest level of education? <input type="checkbox"/> Highschool <input type="checkbox"/> Some college/university <input type="checkbox"/> Degree/diploma			
Are you: <input type="checkbox"/> Starting a new business <input type="checkbox"/> Expanding your existing business <input type="checkbox"/> Purchasing a business			
If you are expanding your business, please explain: 			

Client name:	Email Address:		
Mailing Address:		Phone #:	
City:	Postal Code:	Cell #:	
Other Notes:		Date of Birth:	Age:

Business name:			
Mailing Address:		Phone #:	
City:	Postal Code:	Cell #:	
Website:		Business Start Date: _____	
Business Type: <input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Incorporation			
Business Sector:			
<input type="checkbox"/> Agriculture, Forestry, Fishing & Hunting	<input type="checkbox"/> Transportation & Warehousing	<input type="checkbox"/> Administrative & Support Services,	<input type="checkbox"/> Arts, Entertainment & Recreation
<input type="checkbox"/> Utilities	<input type="checkbox"/> Informational & Cultural	<input type="checkbox"/> Waste Management & Remediation Services	<input type="checkbox"/> Accommodation & Food Services
<input type="checkbox"/> Construction	<input type="checkbox"/> Real Estate, Rentals & Leasing	<input type="checkbox"/> Education	<input type="checkbox"/> Other Services
<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Professional, Scientific & Technical	<input type="checkbox"/> Health Care & Social Assistance	<input type="checkbox"/> Unsure at this time
<input type="checkbox"/> Wholesale Trade			
<input type="checkbox"/> Retail Trade			
How did you hear about Starter Company Plus? 			

Do you have a business plan or have you developed a business plan before?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a marketing plan or have you developed a marketing plan before?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have experience or training in bookkeeping or accounting?	<input type="checkbox"/> Yes <input type="checkbox"/> No

