

BUSINESS PLAN

BUSINESS DESCRIPTION

Company Name, Address & Telephone number:

Owner Name, Address & Telephone number:

Is this a new or existing business?

Is the property: Owned or Leased?

Owned - Date Purchased:

Leased - Date Leased:

Provide a brief summary of the business you will be involved in:

Why do you think there is an opportunity for this business to be successful?

Form of business ownership (Sole Proprietorship, Partnership, Joint Venture or Corporation):

Date of Registration/Incorporation:

Who are the principal owners and what percentage of ownership does each principal own?

Name & % Ownership -

Is your involvement full-time or part-time?

What are the main reasons for you to venture into self-employment?

PRODUCT OR SERVICE

Describe specifically what your business will do. What product or service will be provided?

What are your unique features or benefits of your product/service? (What makes you different?)

What additional products/services will be added in the future (if any)?

Will you offer any product/service guarantees/warranties?

If you manufacture a product, describe how it is made.

Will you have any patents, trademarks, copyrights or other intellectual property to protect?

MARKET

What types of people will buy your product or service? Be specific.

Description –

Age Group –

Gender –

Status (married, single, divorced, widowed) –

Income Level –

Education Level –

What will their occupation be?

Do they have a specific cultural or ethnic background?

Are there any other special traits of your customer (for example, athletic)?

Survey

1 Example Questions for a Market Survey

- Have you heard of (business name/product)?
- How much would you pay for (product)?
- Do you think (name of town/district) needs another (business)?
- Would you be interested in samples/specials for (product)?
- When would you shop for (product), what hours?
- What other types of (products/services) would you be interested in?
- When would you use/buy this (product/service)?
- Do you have any other comments?

These are just examples of questions to ask in a survey, each business will vary depending on the type of product/service that is being offered. Take the time to design your own survey (specific to your business) and then either do telephone surveys or have people fill them out. We suggest you contact as many people as you can to get a good idea of what your market is.

Your survey questions:

Describe the results of your survey:

List examples of people you have spoken to who expressed interest in buying your product/service:

What territory will you cover or sell to (the market)?

How well is the location of the business accessible to your market?

Describe how the business will be set up (size, layout, etc.) and attach a drawing of the layout of the business.

Describe the day-to-day operations of the business (include hours of business, days of operation, etc.).

How will you inform your customers of your product/service? How will you promote your business?

What marketing materials will you use? (Business cards, brochures, websites, etc)

PROMOTIONAL STRATEGY

Enter numbers in the squares.

Method	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12
Newspaper Ads												
Radio Ads												
TV Ads												
Magazine Ads												
Business Cards												
Brochures/Flyers												
Website												
Vehicle Signs												
Yellow Pages												
Chamber of Commerce												
Unions & Associations												
Business Networks												
Trade Shows												
Sponsorship												
Special Events												
Door to Door												
Newsletters												
Videos												
Other:												

Will your company be able to attract free media coverage? Explain how you will do so.

Who are your competitors? Give specific names.

Who are your suppliers? What are their credit terms?

How easily can you switch suppliers?

Is this a seasonal business? What are the trends of the business? (Example: Jan - March = 10% of sales; April - June = 10%; July - Sept = 40 % of sales; Oct - Dec = 40% of sales)

PRICING AND DELIVERY

What is the price range of your products/services? Give specific examples (Example: Most products retail for \$10.00 - \$60.00; services are charged at \$30.00 per hour).

Is pick-up and delivery relevant to your operation? How?

What is your cost to obtain the products you sell? Use specific examples.

What is your mark-up percentage? OR What is the fair market value? Explain.

MANAGEMENT

Who will manage the overall operations of the company?

Briefly describe years of experience and qualifications.

What will be the owner's specific duties?

Is your involvement full-time or part-time?

How many employees will you hire (full-time, part-time, casual)?

What will be the duties of the employees?

Who will do the monthly bookkeeping?

What will your fiscal year be?

Will specific training be required for your employees? Who will provide this service?

FINANCING AND REVENUE

What do you already have pertinent to the business operation? Remember to include cash, assets, inventory, equipment, materials, etc. Include description, cost, value and total.

Description	Cost	Market Value	Book Value
			(press tab for more lines)

What do you need for business startup?

Item	Supplier	Cost
		(press tab)

Where will the money come from?

Financing	Amount
Loan	
Personal Investment	
Grant	
Other (specify)	
Total	

What is offered as security for a loan (description and value)?

What other financial institutions have you applied to and what was their response?

SALES & EXPENSES

What will your sales be for each month over the next year? Month 1 is the expected startup month.

Month	Sales - Product 1	Sales - Product 2	Sales - Product 3
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
TOTAL			

Describe how you calculated your estimated sales:

Will you offer credit to your customers?

If yes, what percentage of sales will be collect in 30, 60, and 90 days?

How much will your expenses be for the following (NOT INCLUDING STARTUP):

DESCRIPTION	MONTHLY	VARIABLE	YEARLY
Auto Expenses			
Business Loan Payments			
Equipment			
Freight & Postage			
Insurance			
Interest & Bank Charges			
Legal & Accounting Fees			
Marketing & Promotion			
Material & Inventory			
Office Supplies			
Rent or Mortgage Payments			
Salaries & Wages			
Taxes & Licensing			
Telephone & Fax			
Utilities			
Other			
TOTALS			

Will you have any security deposits to make? (Example: hydro, telephone, installation, first and last month's rent, etc.)

How much are your municipal taxes each year?

CASH FLOW FORECAST - See attached

LIST OF EQUIPMENT & VEHICLES

EQUIPMENT					
Quantity	Description	Model #	Serial #	Year	Price

VEHICLES						
Make	Model	Registration Number	License Number	Mileage	Purchase Price	Condition

BUILDING CONSTRUCTION OR EXISTING STRUCTURE

If a new building is being constructed, include firm prices and/or estimates where necessary. Items such as location, zoning, services, parking, fire protection, type of construction, landscaping, heating system, electrical systems, etc., will be necessary. Please list these items below.

PERSONAL FINANCIAL STATEMENT

Besides your business finances, we need to know something about your personal financial strength. This will allow us greater flexibility to package financial solutions that are appropriate for you and for your business. Please estimate the value of your house, car, etc. at what you believe are current market values. Don't overlook any loan debt or outstanding credit card balances you may have, including income tax. Indicate if you are including your spouse's assets or liabilities in the following information.

Net Worth Statement

Your Assets	You	Your Spouse	Combined
Cash			
Savings and chequing account balances			
GICs, CSBs, etc.			
Stocks, bonds, mutual funds, etc.			
Pension plan, RRSPs, etc.			
Residence			
Other real estate			
Vehicles			
Other (specify)			
Total Assets			
Your Liabilities			
Credit card balances			
Personal loans			
Loans on life insurance			
Income tax owing			
Residential mortgage			
Other real property mortgages			
Investment loans			
Other (specify)			
Total Liabilities			
Net Worth: Total Assets minus Total Liabilities			

Description of Assets and Liabilities

What is the address of residential or other property?

How is it registered (e.g. Jointly with spouse)?

Make, model and year of personal vehicle(s):

Description of investment portfolio:

Names and individual balances outstanding on credit card(s).

Provide the following details for mortgages or terms on property or other assets:
Financial Institution, Outstanding Balance, Repayment Terms

REFERENCES

Most recent **employment**

Name, address, phone:

2 Personal References ¹(should not be related to you, if possible)

Name, address, phone:

Name, address, phone:

2 Business References ¹ (someone that knows your ability to do business)

Name, address, phone:

Name, address, phone:

2 Credit References ¹ (someone that you owed money to; not a bank or bank employee)

Name, address, phone:

Name, address, phone: