

Program Application



Ensure you have read the Program Guidelines document which outlines the rules and responsibilities of the Downtown LaunchPad.

Your Business Overview:

Company Name: _____

Primary Contact: _____

Phone Numbers Work: _____ Home: _____ Cell: _____

Email Address: _____

Is this an existing business? Existing New Date Business Established: _____

Form of Business Ownership:

Sole Proprietorship Date of Registration: _____

Partnership Date of Registration: _____

Corporation Date of Incorporation: _____

Who Are the Principals (Owners), and what percentage of equity does each Principal own?

Name: _____ % of Ownership: _____

Name: _____ % of Ownership: _____

What Products or Services will your Business Provide? Briefly describe your business.

What interests you the most about participating in the Downtown LaunchPad program?

Are you applying as a stand-alone business or as a shared collaborative space

If sharing the space, indicate the other company name that will also be applying _____

ESTIMATED DATE you would be ready to move into the space? _____

ESTIMATED DATE you would be ready to open your doors? _____

Are you planning on operating your business in the LaunchPad as a full-time effort for the time of your term?

YES NO

What days/hours do you plan on operating?

SUNDAY	
MONDAY	
TUESDAY	
WEDNESDAY	
THURSDAY	
FRIDAY	
SATURDAY	

Please provide a brief history on the education, skills and experience you possess that support you in operating a business.

How do you rank your entrepreneurship skills/abilities? (1 is no idea what I am doing and 5 is already a pro)

1 2 3 4 5

Your Employees:

How many full-time and part-time employees will you have?

Full-Time: # _____ Part-Time: # _____

Briefly describe the jobs/positions you have:

Your Competitors/Your Suppliers:

Who are your major competitors? Where are they located and how long have they been in business?

Who will be your major suppliers?

What payment terms have you arranged with your suppliers?

Your Customers:

Who will be your major customers?

Will you have a broad range of customers, or relatively few? Explain.

Why will customers prefer your product or service to that of your competitors?

What kind/type of market research have you conducted?

Pricing:

What price will you charge for your product or service? How have you determined this pricing model? Is the price within range of your competitors?

The Location and Estimated Size of Your Market:

How big is your market in terms of dollars/geographical region/other? What is your share of the market?

Explain how this Downtown location will be a benefit to your business?

Operating Requirements:

Itemize any licenses, permits and insurances you will need for your business, the associated costs, and whether they have been obtained?

What pieces of equipment, furniture or fixtures will be required for your business in the space? Reminder that the space is unfurnished and must be left in the same condition, so only temporary and movable equipment/fixtures will be allowed.

Marketing & Advertising Plan:

What strategies will you use for marketing and advertising your business in the LaunchPad?

How will customers hear about you?

What are you currently doing to promote your business?

Your Business Success Factors:

What are the strengths of your business?

What are the weaknesses of your business?

Why do you think your business will succeed?

Your Future Growth:

Where do you expect your business to be in 6 months?

Assumptions:

What assumptions have you made in arriving at any of the foregoing conclusions? List all sources of your information, be very specific.

Risks:

Outline all major risks facing your business.

Specify what you will do to minimize these risks.

Summarize why your business would be a great fit for the Downtown LaunchPad Program and the objectives you have for your business while in the program.

Start Up Costs (for opening in this space):

Itemize major expenditures, including provision for working capital, to show total startup costs.

Items Needed	Already Have	Need to Buy/Get	List/Explain	Cost (\$)
Equipment				\$
Furnishings/Decor				\$
Sales Supplies (ie. bags, tags, boxes etc)				\$
Inventory				\$
Licenses/Permits/ Insurance				\$
Human Resources				\$
Marketing/Promotion				\$
Signage				\$
Banking/POS				\$
Operational Cash (ie. float)				\$
Other				\$
Other				\$
Other				\$
			TOTAL	\$

Your Business Finances:

Do you have adequate funding in place for your startup expenses (please explain)?

Do you have adequate working capital for the first 5 months of operations (please explain)?

5 Month CASHFLOW

	Month 1	Month 2	Month 3	Month 4	Month 5	TOTAL
CASH IN						
Projected Sales	\$	\$	\$	\$	\$	\$
Loan/Line of Credit	\$	\$	\$	\$	\$	\$
Owner Contribution	\$	\$	\$	\$	\$	\$
TOTAL CASH IN	\$	\$	\$	\$	\$	\$
CASH OUT						
Cost of Goods	\$	\$	\$	\$	\$	\$
WIFI/Phone	\$	\$	\$	\$	\$	\$
Staffing	\$	\$	\$	\$	\$	\$
Rent	\$	\$	\$	\$	\$	\$
Banking and POS	\$	\$	\$	\$	\$	\$
Vehicle Expenses	\$	\$	\$	\$	\$	\$
Credit Card/Loans	\$	\$	\$	\$	\$	\$
Marketing	\$	\$	\$	\$	\$	\$
Memberships/Licenses	\$	\$	\$	\$	\$	\$
Insurance	\$	\$	\$	\$	\$	\$
Bookkeeping/Legal	\$	\$	\$	\$	\$	\$
Supplies	\$	\$	\$	\$	\$	\$
Management Salary	\$	\$	\$	\$	\$	\$
Other (specify)	\$	\$	\$	\$	\$	\$
Other (specify)	\$	\$	\$	\$	\$	\$
Other (specify)	\$	\$	\$	\$	\$	\$
TOTAL CASH OUT	\$	\$	\$	\$	\$	\$
CASH IN less CASH OUT	\$	\$	\$	\$	\$	\$

SUBMIT application to ed@startuplloyd.com or drop off to the Startup Lloydminster or Community Futures offices (4010 50 Avenue, Lloydminster, AB). Feel free to include any additional supporting information (ie. previously completed Business Plan, Marketing Plan, product photos etc).

By submitting this application you acknowledge that you have read and understand the Program Guidelines and that you declare that the information provided is true and correct. You understand that this is an application process and your acceptance to the program is not automatic, but is contingent upon a review by the Partnership of your submission to the guidelines and intent of the program and against other applications received.

DATE: _____

APPLICANT NAME: _____

Applicant Signature

PLEASE NOTE - YOU MUST SAVE THIS DOCUMENT as you go and EMAIL it to the email noted above as the file does not automatically save and submit.