



SCOTIABANK START-UP OF THE YEAR AWARD 2010 APPLICATION

Owner's Name(s):

Daytime Phone:

E-mail:

Business Operating Name:

Legal Business Name:
(If different than operating name)

Business Address:
(Home address if home-based)

Website Address:
(If applicable)

No. of Employees: _____(full-time) and _____(part-time)
(include owner(s))

Business Description:

Industry:

- | | |
|---|---|
| <input type="checkbox"/> Construction | <input type="checkbox"/> Service |
| <input type="checkbox"/> Import/Export | <input type="checkbox"/> Technology |
| <input type="checkbox"/> Hospitality/Food | <input type="checkbox"/> Wholesale/Distribution |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Other – Please describe: |
| <input type="checkbox"/> Retail | <input type="checkbox"/> _____ |

Small Business Enterprise Centre Services Utilized:

- | | |
|---|--|
| <input type="checkbox"/> General Information-printed | <input type="checkbox"/> Referral Program (i.e. CGA, Lawyer) |
| <input type="checkbox"/> General Information-verbal | <input type="checkbox"/> Reference Library |
| <input type="checkbox"/> General Information-website/electronic | <input type="checkbox"/> Seminars/Workshops |
| <input type="checkbox"/> Consultation(s) | <input type="checkbox"/> Events i.e. networking, Energize! |
| <input type="checkbox"/> Business Plan Review | <input type="checkbox"/> Other: _____ |

The contents of the submitted application are true to the best of my abilities and knowledge. My business is not a franchise, distributorship or a previously existing business purchased by me/now under my management.

Signature _____

Date _____



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