



**STARTER COMPANY PLUS  
ENROLLMENT FORM**  
Huron County Economic Development

**2024 Intake Deadline: Wednesday, July 31 at 4:00pm**

To be considered for participation in the Starter Company Plus program in Huron County, all interested candidates **MUST** fill out this Enrollment Form and commit to completing all program requirements. Please complete the form and email to [smallbusiness@huroncounty.ca](mailto:smallbusiness@huroncounty.ca) **by July 31 at 4:00 pm** to be considered for the program.

<b>DATE:</b>	(day/month/year)
--------------	------------------

CLIENT INFORMATION			
<b>Are you:</b>	<input type="checkbox"/> Starting a new business	<input type="checkbox"/> Expanding an existing business	<input type="checkbox"/> Purchasing a business
<b>Client Name:</b>	<b>Email Address:</b>		
<b>Mailing Address:</b>		<b>Phone #:</b>	
		<b>Cell Phone #:</b>	
<b>City/Town:</b>	<b>Postal Code:</b>	<b>Date of Birth:</b>	

BUSINESS INFORMATION				
<b>Business Name:</b>				
<b>Business Mailing Address:</b>		<b>Phone #:</b>		
		<b>Cell Phone #:</b>		
<b>City/Town:</b>	<b>Postal Code:</b>	<b>Business Start Date:</b>		
<b>Website:</b>				
<b>Business Type:</b>	<input type="checkbox"/> Sole Proprietorship	Or: <input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	<b>% Ownership</b>
<b>Business Description:</b>				

GENERAL INFORMATION	
<b>Are you currently enrolled in any self-employment or entrepreneurship training/financing programs offered by government funded organizations?</b> (Examples: OSEB, OntarioWorks Self-Employment Program, Summer Company) <input type="checkbox"/> Yes <input type="checkbox"/> No      If yes, what program?	
<b>Are you currently working?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Are you currently attending school?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: <input type="checkbox"/> FT <input type="checkbox"/> PT
<b>Are you planning to return to school?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No      If yes: <input type="checkbox"/> FT <input type="checkbox"/> PT	
<b>What is your highest level of education?</b> <input type="checkbox"/> High School <input type="checkbox"/> Some College/University <input type="checkbox"/> Degree/Diploma/Certificate Attained	
<b>Are you prepared to commit a minimum of 25 hours per week to your business?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Are you a resident of Ontario?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Will your business operate in Ontario?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Is your business arm's length from family?</b> Not related to nor an extension of an existing family business. <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Have you consulted with the Huron County Economic Development Department regarding regulations, registrations, and rules that apply to your business?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Are you planning to purchase insurance?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Will you actively participate in training, and sessions with your business coach/mentor to help you achieve success?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	

**ACKNOWLEDGEMENT OF APPLICATION FOR ENROLLMENT:**

By signing below, I confirm that the information contained in this document, and any accompanying documents is true and valid.

I have read the Starter Company Plus Eligibility Criteria and Program Guidelines. I understand and verify that I meet the criteria and that I am able to meet all participant requirements of the program.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_