

BUSINESS VISION

Today's Date:	Name:
Business Name:	
Phone:	Email:
Mailing address:	

Tell us about your business idea.

Complete your responses to the following on separate paper and attach to this page:

1. Please provide a BRIEF, clear description of your business idea. *What exactly will you be doing?*
2. What makes this a good business idea?
3. What price will you charge for your product or service (estimate)? How did you arrive at this price? How does it compare to prices in similar businesses in your area?
4. Please describe any experience you have that relates to the business you want to start.
5. Have you been self-employed before? Please provide details.
6. What are the top challenges you will face in starting this business?
7. What types of people/businesses will be your customers? What is their common age range, location, occupation, interests, etc?
8. Why will they buy from you?
9. To date, have you sold any of your product/service? If yes, provide details:
10. How will you promote or sell your product or service?
11. Who are your competitors?
12. Where will you operate your business?
13. What else do you need – permits, licences, equipment, etc.?

Be brief with your responses. Complete on separate paper and attach to this page.