

Please select (X) the appropriate response to these questions.

	Question	Yes	No	N/A
1	Are you considering starting a Business in the City of Selkirk?			
2	Are you considering starting a Business in the R. M. of St. Andrews or St. Clements?			
3	Have you selected a location for your business at this time?			
4	In which Industry Sector is/will your business provide products or services? Please describe in the following line. (example: construction, manufacturing, healthcare, retail, services, etc.)			
5				
6	Have you operated a Business before?			
7	Do you have a Business Plan?			
8	Do you feel you would benefit from the following typical Business Incubator supplied services:			
9	Bookkeeping?			
10	Reception?			
11	Meeting Rooms?			
12	Business Counselling and Mentorship?			
13	Marketing and Advertising Planning?			
14	Physical Office Space?			
15	Physical Storage Space?			
16	Basic Computer Training?			
17	Networking events?			
18	Are you currently employed?			
19	Are you currently unemployed?			
20	Has self-doubt or uncertainty kept you from making the commitment to starting your business?			
21	Please provide any Final Remarks, Comments or Question :			

Voluntary Contact Information:

Would you like us to contact you with more information on Business Incubation and how it may impact you and your business? If so, please complete the contact information request below. Please Print.

Name:	Telephone:
Community of Residence:	Email address: