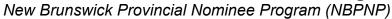
Business Plan - NB Business Immigration Stream





Principal Applicant					
Last Name	First Nam	First Name, Middle Name		Date of Birth (mmm/dd/yyyy)	
Nationality	Gender (Mr., Mrs.	, Ms.)	INB#		
Declaration of Principal Applicant					
I must make a genuine effort to es to provide additional information, I understand that any informati intended for informational and e regarding the establishment or individual advice about matters resources, investment, insurance the above information, having have	I, , do solemnly declare that I am fully aware of the contents of this business plan. I understand that upon being granted permanent resident status by Canada I must make a genuine effort to establish the Business as per this plan. I understand that I may be asked to provide additional information, and to defend any position or assumption included in this plan. I understand that any information provided by NBPNP or the Province, related to this plan is intended for informational and educational purposes only and does not constitute specific advice regarding the establishment or purchase of a business in New Brunswick or provide specific individual advice about matters relating to the Business including, but not limited to, human resources, investment, insurance, financial, legal, accounting, tax or similar matters. I understand all the above information, having had the opportunity to ask for or having asked for and obtained an explanation on every point which was not clear to me.				
Signature:		Date (mmm/dd/y	ууу):		
Personal information on this form is co	ollected under the au				

Personal information on this form is collected under the authority of the *Immigration and Refugee Protection Act*, SC 2001 c.27. The purpose of the collection is to process your application for the New Brunswick Provincial Nominee Program (NBPNP). The information will be used for research, performance measurement and/or evaluation of the Program. If you have any questions about the collection and handling of personal information, you may contact the Director of Immigration Services, Government of New Brunswick, Place 2000, 250 King Street, Fredericton, New Brunswick, Canada, E3B 9M9.

Telephone: (506) 453-3981; Email: bis-vie@gnb.ca; Website: www.welcomenb.ca

Business Profile			
Business Name			
Business Address	(If you do not have a physical	address, it is required to provide name of city/town.)	
Industry Sector			
Start-up or Purchase:		Sole ownership or Partnership:	
Total Eligible Investment (CAD):		Total Investment (CAD): \$	

Describe Your Experience (Your qualification and experience in this sector or how your experience be transferred to this sector.)
Your Goals in 5 years (Briefly outline where your business is heading.)

Your Products and Services in Detail (Be specific.)					
	Nan	ne of Products / Services	Functions / Purposes		
1					
2					
3					
4					
5					
6					
indus	Regulations, Permits, Licenses, Required by Federal, Provincial, Municipal Government and the industry (Outline all that apply to your business.)				
(Outin	io all triat	1			
Fee	deral	2			
Gove	rnment	3			
		4			

Federal		
Government	3	
	4	
	1	
Provincial	2	
Government	3	
	4	
	1	
Municipal	2	
Government	3	
	4	
The	1	
Industry	2	
(Codes of	3	
Practice)	4	

Market Analysis (Confirm there is a demand)					
Your Custor (Identify prima	ry customers, potential customers, why will they b				
	Describe Your Customer Group	Why?			
Primary Customers					
Potential Customers					
Other Customers					
	<u>.</u> .				
Your Market	ing Plan				

	Name of Suppliers	Where They Are	Reasons to Choose Them
		<u>, </u>	
	r Distribution	manusia in this acatan and barrer	and the second s
	s can be low, explain why.)	margin in this sector and now y	ou will price your products and services. If your
_			
	· •		
	r Location	y and why you choose it size o	f your business interior and exterior setting of yo
r	r Location Itify your needs in location, hov	v and why you choose it, size o	f your business, interior and exterior setting of yo
r	r Location	v and why you choose it, size o	f your business, interior and exterior setting of yo
r	r Location Itify your needs in location, hov	v and why you choose it, size o	f your business, interior and exterior setting of yo
r	r Location Itify your needs in location, hov	v and why you choose it, size o	f your business, interior and exterior setting of yo
r	r Location Itify your needs in location, hov	v and why you choose it, size o	f your business, interior and exterior setting of yo
r	r Location Itify your needs in location, hov	v and why you choose it, size o	f your business, interior and exterior setting of yo

Competition	netitors indir	ect competitors, their strengths, if no competition, explain why.)
Name	Direct or Indirect	Their Strengths
Your Strategy (Can you compete? How	w? Will you c	ompete on price or quality? And your strategy, …)
Your Capacity and C	redibility ce your produ	ucts, provide your services, your operation cycle,)
Your Capacity and C	redibility ce your produ	ucts, provide your services, your operation cycle,)
Your Capacity and C (Identify how you produ	redibility ce your produ	ucts, provide your services, your operation cycle,)
Your Capacity and C (Identify how you produ	redibility ce your produ	ucts, provide your services, your operation cycle,)
Your Capacity and C (Identify how you produ	redibility ce your produ	ucts, provide your services, your operation cycle,)
Your Capacity and C (Identify how you produ	redibility ce your produ	ucts, provide your services, your operation cycle,)

SWOT Analysis	
Strengths	Weaknesses
Opportunities	Threats
Opportunities	Tilledis
Human Resource Standards	
Common Standards	

Human Resource Star	Human Resource Standards		
Common Standards			
Employment Standards			
Human Rights			
Occupational Health and Safety			
WorkSafe NB			
Others			

Specific Standards in the Industry (special licenses, permits,)			

Your Employees (It is required by NBPNP to create one full-time job for non-family members.)							
Job Title	Qualification	National Occupation Code (O, A, B, C, D)	# of Position	Annual Wage/per Position (CAD)	Total Annual Wage (CAD)		

START UP COSTS							
A.Eligible Equity Investment	Purchase Amount (CAD)	Max. Eligible Amount (CAD)	Reference for the Cost	Maximum Allowable Amount			
Current Assets							
Raw Materials, Components, Parts				50% of total eligible investment			
Initial Inventory				50% of total eligible investment			
Fixed Assets							
Building and/or Land (purchase)				25% of total eligible investment			
Improvement for Purchased Building				25% of total eligible investment			
Leasehold Improvements				25% of total eligible investment			
Equipment & Machinery & Tools							
Vehicle for Business				\$15,000			
Furniture							
Intangible Assets							
Franchise Fees							
Goodwill (purchase an existing business)				10% of net book value when purchasing a well- established business			
Other Eligible Investment							
Professional Fees (including marketing, promotion, services in connection with establishing the business)				\$10,000			
A.Total Eligible Investment (min \$150,000 CAD before taxes)							
B.Ineligible Investment							
Cash (working capital)							
Deposit							
Insurance							
Rentals							
Salary/Wage + Benefits							
Utilities							
B.Total Ineligible Investment							
Total Investment (A) + (B)							

Breakdown of Current Assets (raw materials, components, parts, initial inventory)						
Assets	# of Units	Unit Cost (CAD)	Total Cost (CAD)	Reference for the Cost		
T-4-1						
Total						

Breakdown of Fixed Assets						
Assets	# of Units	Unit Cost (CAD)	Total Cost (CAD)	Reference for the Cost		
Total						

Forecasted Income Statement						
		Year 1	Year 2	Year 3		
1	Revenue / Sales					
2	Cost of Goods Sold					
3	Gross Income (1) - (2)					
	Expenses					
4	Total Expenses					
5	Income Before Income Tax (3) – (4)					
6	Income Tax (5) x tax rate					
7	Net Income (5) – (6)					
Calcu	lation for Income Statement					
Revenue / Sales						
Cost	of Goods Sold					

Depreciation Methods

Wage or Salary and Benefits

Break-Even Analysis (Estimate of how many items or hours of service you will need to sell each month, to cover your costs and begin to make a profit)					
Items	Break-Even Sales Point (\$)	Items	Monthly Expenses (\$)		
Total		Total			

Fo	recasted Balance Sheet				
		Start-Up	Year 1	Year 2	Year 3
	Current Assets				
1	Total Current Assets				
	Fixed Assets				
2	Total Fixed Assets				
3	Total Assets (1) + (2)				
	Current Liabilities				
4	Total Current Liabilities				
	Long-Term Liabilities				
5	Total Long-Term Liabilities				
6	Total Liabilities (4) + (5)				
	Owner's Equity				
	Paid-in Capital (>\$150,000 CAD)				
	Retained Earning				
7	Total Owner's Equity				
8	Total Liabilities and Owner's Equity (6)+(7)				