



Build Your Business

## METIS BUSINESS CENTRE

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### CLIENT INITIAL CONTACT INFORMATION

*Please fill out and return to the Metis Business Centre - your information will be kept confidential.*

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

Full Name: \_\_\_\_\_

Company Name (if applicable): \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Facsimile: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Metis Membership ID #: \_\_\_\_\_ SIN #: \_\_\_\_\_

Are you currently employed: Yes  No  If Yes, Where: \_\_\_\_\_

Are you underemployed (working less than 20 hours per week)? Yes  No

**Please describe your business concept:**

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**At what stage of development is your business?**

- Idea Generation  Business Plan Development  
 Research & Development  Less than a Year Old  Over a Year Old

**What is your highest priority need at this moment?**

- Financial Assistance  Business Plan  General Business Info  
 Other (Please State): \_\_\_\_\_

**Have you visited any other agencies or organizations (i.e. Business Development Bank of Canada, Labrador Community Development Centre, Atlantic Canada Opportunities Agency, and Aboriginal Business Canada)?**

- Yes, Please specify which agencies: \_\_\_\_\_  No

**Where did you hear about the Metis Business Centre?** \_\_\_\_\_

Metis Business Centre Use Only:  
Client Status:  Inquiry  Counseling  Ongoing