



**baic**  
**BUSINESS PLAN**  
**APPLICATION**

Issued By: Project Planning & Development Department

All information submitted is confidential.

DATE: \_\_\_\_\_  
 MM / DD / YY

**APPLICANT(S) SPONSOR(S)**

(If more than 2 applicants, provide information of others on separate sheet)

**(A) NAME:** \_\_\_\_\_  
 First Last

GENDER:  Male  Female NATIONALITY: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

P. O. BOX: \_\_\_\_\_ TEL. (W): \_\_\_\_\_

TEL. (CELL): \_\_\_\_\_ TEL. (H): \_\_\_\_\_

EMAIL: \_\_\_\_\_

**(B) NAME:** \_\_\_\_\_  
 First Last

GENDER:  Male  Female NATIONALITY: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

P. O. BOX: \_\_\_\_\_ TEL. (W): \_\_\_\_\_

TEL. (CELL): \_\_\_\_\_ TEL. (H): \_\_\_\_\_

EMAIL: \_\_\_\_\_

**PROJECTS (BUSINESS)**

STATUS (Check One):  New  Existing  
 (If existing, a copy of financial statements is required)

SECTOR (Check One):  Agriculture  Fisheries  Manufacturing  
 Handicraft  Tourism  Service

BUSINESS NAME: \_\_\_\_\_  
 (Provide a copy of Business License & Certificate of Company Name Registration)

LOCATION: \_\_\_\_\_

OBJECTIVE: (Indicate business activity you currently engage in or propose to engage in)

\_\_\_\_\_  
 \_\_\_\_\_

PLEASE ATTACH  
 along with this  
 application the  
 items listed on  
 "Checklist" page 5.

- Business Plans \$375
- Executive Summary / Profile \$200

THIS AREA IS FOR  
 OFFICIAL USE ONLY.

BAHAMAS AGRICULTURAL & INDUSTRIAL CORPORATION

**PROJECT COST ESTIMATES AND FINANCING PLAN**

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COMPONENT	LOAN	EQUITY	TOTAL
LAND			
SITE PREPARATION			
BUILDINGS			
MACHINERY & EQUIPMENT			
OFFICE FURNITURE & EQUIPMENT			
VEHICLES			
MATERIAL / INVENTORY			
OTHERS			
TOTAL			
PERCENTAGE (%)			

*(Provide pro-forma invoices/quotes for items required to start up or expand business. Also indicate items needing funding and those items you will purchase).*

**COLLATERAL**

*(Indicate what assets, if any, are being offered as security on the loan).*

COMPONENT	DESCRIPTION	MARKET VALUE
PERSONAL		
PRIVATE GUARANTOR		
VALUE OF ASSETS		
OTHER		
TOTAL		

**ENVIRONMENTAL IMPACT ASSESSMENT**

*(Indicate how project will affect general community).*

PHYSICAL IMPACT(S):

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BIOLOGICAL IMPACT(S):

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HUMAN IMPACT(S):

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## ORGANIZATION STRUCTURE

(Check One):  Sole Proprietor       Partnership  
 Corporation       Co-operative

## MANAGEMENT

*(Identify persons who will fill key positions in the business and provide résumés).*

MANAGER: \_\_\_\_\_

SUPERVISOR: \_\_\_\_\_

ACCOUNTANT: \_\_\_\_\_

### STAFF:

*(Identify positions needed to carry out production or service work)*

1. POSITION: \_\_\_\_\_ (NO.) \_\_\_\_\_ WAGE: \_\_\_\_\_

2. POSITION: \_\_\_\_\_ (NO.) \_\_\_\_\_ WAGE: \_\_\_\_\_

3. POSITION: \_\_\_\_\_ (NO.) \_\_\_\_\_ WAGE: \_\_\_\_\_

4. POSITION: \_\_\_\_\_ (NO.) \_\_\_\_\_ WAGE: \_\_\_\_\_

## MARKET STRATEGIES

*(Indicate how Management will generate sales).*

### (A) TARGET MARKET

PRIMARY: \_\_\_\_\_

SECONDARY: \_\_\_\_\_

### (B) COMPETITION

1. NAME: \_\_\_\_\_

LOCATION: \_\_\_\_\_

STRENGTHS: \_\_\_\_\_

WEAKNESS: \_\_\_\_\_

2. NAME: \_\_\_\_\_

LOCATION: \_\_\_\_\_

STRENGTHS: \_\_\_\_\_

WEAKNESS: \_\_\_\_\_

### (C) PRICING

DISCOUNTS: \_\_\_\_\_

PACKAGING: \_\_\_\_\_

OTHER: \_\_\_\_\_

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## MARKET STRATEGIES

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### (D) PROMOTION

ADVERTISING: \_\_\_\_\_

SALES PROMOTION: \_\_\_\_\_

DIRECT MARKETING: \_\_\_\_\_

PUBLIC RELATIONS: \_\_\_\_\_

### (E) PLACEMENT

OUTLETS: \_\_\_\_\_

DISTRIBUTORS: \_\_\_\_\_

RETAILERS: \_\_\_\_\_

## PROJECTIONS

*(Show breakdown of how sales will be generated from each product/service offered).*

### SALES

1. PRODUCT/SERVICE: \_\_\_\_\_

SELLING PRICE: \_\_\_\_\_ PROJECTED SALES: \_\_\_\_\_

2. PRODUCT/SERVICE: \_\_\_\_\_

SELLING PRICE: \_\_\_\_\_ PROJECTED SALES: \_\_\_\_\_

3. PRODUCT/SERVICE: \_\_\_\_\_

SELLING PRICE: \_\_\_\_\_ PROJECTED SALES: \_\_\_\_\_

4. PRODUCT/SERVICE: \_\_\_\_\_

SELLING PRICE: \_\_\_\_\_ PROJECTED SALES: \_\_\_\_\_

## BUSINESS PLAN APPLICATION CHECK LIST

Kindly submit the following, where applicable, with the business application form.  
Check off items as they are acquired or attached.

- 1. RÉSUMÉ on Sponsor, key management & personnel (including education, training & business/work experience)
- 2. Character References (2)
- 3. Credit Reference
- 4. Passport Identification information (first 4 pgs. of passport)
- 5. Quotation for equipment, supplies, or stock
- 6. Insurance quotation (including fire, theft & hurricane)
- 7. Contractors' estimates (3), where applicable
- 8. Approved Plans
- 9. Business License (recent)
- 10. Memorandum & Articles of Association (existing business)
- 11. Certification of Incorporation/Name Registration (existing business)
- 12. Duty-free Permit
- 13. Marine/Quantity Survey Report
- 14. Appraisal of Property
- 15. Lease/Rent Agreement
- 16. Sales Agreement
- 17. Public Transport/Service License
- 18. Captain's License
- 19. Franchise Agreement
- 20. Security/Collateral
- 21. Financial Statements (Audited where possible)
- 22. Contract Agreement
- 23. Cost of Production
- 24. Price List
- 25. Room Rate List
- 26. Menu List
- 27. Number of Sales Anticipated
- 28. Monthly Expenses
- 29. Investment to Date
- 30. Copy of Existing Insurance
- 31. Other

DATE REQUESTED: \_\_\_\_\_

APPLICANT SIGNATURE: \_\_\_\_\_

DATE RECEIVED: \_\_\_\_\_

OFFICER SIGNATURE: \_\_\_\_\_

NAME: \_\_\_\_\_  
First Last

HOME ADDRESS: \_\_\_\_\_

P. O. BOX: \_\_\_\_\_ TEL. (W): \_\_\_\_\_

TEL. (CELL): \_\_\_\_\_ TEL. (H): \_\_\_\_\_

EMAIL: \_\_\_\_\_

No.	QUESTION	YES	NO
1	Do you want to expand an existing business?		
2	Do you want to start a new business?		
3	Do you know what type of business you are engaged in or would like to engage in?		
4	Do you have a business name?		
5	Do you have the necessary approvals, licenses & certificates from the relevant government agencies (Business License, Health, Town Planning, National Insurance, etc)?		
6	Do you have a business location or know where your business will be located?		
7	Have you identified items you need in order to establish or expand your business?		
8	Do you have quotations, pro-forma invoices from suppliers showing the dollar value of all items?		
9	Do you know who will manage your business and if the persons identified have any training or work experience in the business you engage in or will engage in?		
10	Do you have sufficient collateral/security to cover the loan amount you need?		
11	Do you know who you will sell your product or service to, who your competitors are, how you will price your product or service, how you will promote your business, and how your customers can purchase your product or service?		

**RECOMMENDATIONS** (Official Use Only).

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_