



BUSINESS START UP GRANT APPLICATION FORM

Prior to completing this form please read the Guidance Notes to check that your application meets the schemes aims and eligibility criteria

THE APPLICATION CANNOT PROCEED WITHOUT THE FORM BEING FULLY COMPLETED AND THE INFORMATION REQUESTED SUPPLIED

PLEASE COMPLETE FULLY

BUSINESS NAME:

BUSINESS ADDRESS:

POSTCODE:

HOME ADDRESS:

POSTCODE:

CONTACT NAME:

BUSINESS TELEPHONE NO:

MOBILE NO:

EMAIL ADDRESS:

Please indicate:

SOLE TRADER/LIMITED COMPANY/LIMITED LIABILITY PARTNERSHIP

If Limited Company or Limited Liability Partnership, please give registered office address:

Company Registration No:

NAMES OF PROPRIETORS/DIRECTORS

If Sole Trader, please give Unique Tax Reference (UTR):

BUSINESS BANK ACCOUNT/'TRADING AS' ACCOUNT NAME *If you have not set up your business bank account yet, please advise when the account is likely to be operational*

ARE YOU VAT REGISTERED?

If yes – Vat Registration No:

BUSINESS PROPERTY DETAILS- Please complete this section if you are moving into business premises that are liable for business rates:

FULL PROPERTY ADDRESS:

POSTCODE:

NATIONAL NON-DOMESTIC RATES PROPERTY REFERENCE NUMBER, IF KNOWN:

ARE YOU THE OWNER OR LESSEE OF THE PROPERTY? YES/NO

IF THERE IS A LEASE, HOW LONG HAS THE LEASE LEFT TO RUN?

NATURE OF BUSINESS:

WHEN DID/WILL YOU START TRADING?

HAVE YOU RECEIVED START UP ADVICE FROM OUR BUSINESS START UP ADVISOR? IF SO PLEASE PROVIDE DETAILS e.g. which advisor you saw and when.

Please attach a copy of your business plan

IF YOU HAVE NOT HAD BUSINESS START UP ADVICE WE WILL REFER YOU TO OUR APPROVED ADVISOR. YOU WILL NEED TO COMPLETE THIS STAGE OF THE PROCESS BEFORE YOUR APPLICATION CAN BE CONSIDERED

WILL THE BUSINESS CREATE AT LEAST 30 HOURS PER WEEK FOR YOU?

YES/NO

**No. of Employees
(inc partners & Directors)**

Full Time

Part Time

Casual

HAVE YOU, YOUR EXISTING BUSINESS OR A BUSINESS WHICH YOU HAVE OWNED OR BEEN A PARTNER/DIRECTOR OF, RECEIVED A GRANT FROM A PUBLIC BODY WITHIN THE LAST 3 YEARS?

YES/NO

IF YES PLEASE PROVIDE DETAILS:

PROPOSED INVESTMENT (please include an itemised list) AND HOW IT WILL HELP YOU TO ACHIEVE YOUR BUSINESS PLAN (including proposed completion date of the project) *Continue on a separate sheet if necessary*

TOTAL COST OF PROJECT: £

HOW DO YOU PROPOSE TO MATCH FUND?

GRANT FUNDING APPLIED FOR: £
(up to a maximum of £1000)

PLEASE ADD ANY OTHER INFORMATION THAT YOU FEEL MAY BE RELEVANT:
(continue on separate sheet if necessary)

Declaration *please read carefully.....*

1. I have provided Worcester City Council with three quotations for any goods/services to be purchased in support of my application.
2. I confirm that my business has all the necessary permissions and licences to operate.
3. I confirm that I am responsible for all goods/services/works carried out as a result of the award of this grant and will ensure that any works comply with all relevant regulations and legislation.
4. I understand that any goods/services purchased are to be completed within the date specified in the offer letter.
5. I consent to all documentation submitted being made available for Worcester City Council's use. I understand that any personal information provided on this form will be used to process the application and may be used to monitor the support of the project. Personal data will only be held in accordance with Data Protection legislation. I also understand that the Council is bound by the requirements of the Freedom of Information Act 2000.
6. I consent to Worcester City Council involving my business in publicity e.g.: press releases and photographs
7. I consent to Worcester City Council seeking information from other sections of Worcester City Council or other public sector bodies.
8. I understand that Worcester City Council reserves the right to recover the entire grant if any information supplied is found to be inaccurate or misleading or if I am found to have improperly tried to influence the decision of any officer or Elected Member of Worcester City Council in the award of a grant. In the event that I am requested to repay the funds to Worcester City Council I will do so within a period of 30 days.
9. I have read and understand the criteria for application and the accompanying notes and agree to comply with the principles of the Worcester City Business Start Up Grant Scheme. I am aware that false declarations will invalidate my application.
10. I understand that any payment will be made directly into my business bank account through the Bank Automated Clearance System.
11. I understand that Worcester City Council is under a duty to protect the public funds it administers. The Council may check information provided to it, with other bodies responsible for auditing or administering public funds and with other information it holds, in order to prevent and detect fraud.
12. I undertake not to do anything to bring the Council's reputation and/or standing into disrepute or attract adverse publicity for the Council.

13. I confirm that the details given in this application are full and accurate.
14. I understand that in accordance with the Local Government Transparency Code, Worcester City Council will publish individual payments with a value of over £250 on their website

I have enclosed the following documents (please tick)	
Business Plan (with cash flow forecast)	
3 quotes for each item I intend to purchase	
Copy of public liability insurance certificate	

Signed:

Name: please print.....

Position.....

Company:

Date:

Please indicate in the box below whether you would like us to send you occasional e-bulletins and other relevant information.

I would/would not like you to keep me on your mailing list <i>(please circle as appropriate)</i>
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Please state the name you wish to appear on the council website (e.g. your trading name; your name; or "small business owner")

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PLEASE RETURN THE COMPLETED FORM TO:

**Economic Development Officer (Business Growth and Enterprise)
Worcester City Council
The Guildhall
High Street
Worcester
WR1 2EY**

IF YOU NEED FURTHER INFORMATION OR ANY HELP WITH COMPLETING THIS APPLICATION FORM, PLEASE DO NOT HESITATE TO CONTACT JANET YATES AT WORCESTER CITY COUNCIL ON 01905 722106 OR EMAIL janet.yates@worcester.gov.uk