



### Business Information Form (for Applications by Association)

|  |  |   |  |
|--|--|---|--|
| Business/Organization Name:  |  | Other Names/Subsidiaries if applicable:     |  |
| Mailing Address:   |  |   |  |
| Nova Scotia address: (if different address for staff receiving training)   |  |   |  |
| Nova Scotia Registry of Joint Stocks Number:   |  | Business ID Number (Canada Revenue Agency): |  |
| Contact Person:  |  | Position Title:                             |  |
| Telephone (with extension):  |  | Email:                                      |  |
| <b>Authorization:</b><br>I certify that I am an authorized officer of the organization named above, and that the information provided in this form is true and correct to the best of my knowledge and belief. <b>I will complete the survey link provided at the end of the training.</b> |  |   |  |
| Signature: _____   |  | Date: _____                                 |  |

*The following questions relate to business operations in Nova Scotia*

|   |   |   |   |
|---|---|---|---|
| North American Industry Classification System code (NAICS):                                 |   | Sector:   |   |
| Business Description:   |   |   |   |
| Number of Full-Time Equivalencies (FTE's):  | $\left[ \quad \quad \quad \right] \div 1820 =$ <small>(Total Hours)</small> |   | <small>(# of FTE's)</small>                                       |
| Number of Full-time Employees:<br><small>(35+ hours/week)</small>                           |   | Number of Part-time/Seasonal Employees:<br><small>(less than 35 hours/week or less than 12 months/year)</small> |   |
| Wages & salaries paid for full-time employees:<br><small>(CAD for last fiscal year)</small> |   | \$  |   |
| Wages & salaries paid for part-time employees:<br><small>(CAD for last fiscal year)</small> |   | \$  |   |
| Company paid training investments:<br><small>(CAD for last fiscal year)</small>             |   | \$  |   |
| Number of years/months the business has operated (e.g. 1 year and 6 months):                |   | Years:  | Months:   |
| Total sales:<br><small>(CAD for last fiscal year)</small>                                   |   | \$  |   |
| Does the business export outside Nova Scotia?   | YES   | NO  | If yes, what percentage of revenue is derived from exports? ____% |