

NSNP 400: Entrepreneur

Entrepreneurial Ownership Experience

I have at least three years' experience actively managing a business and I own or owned at least 1/3 of that business.

Yes No

If no, please skip to **Senior Business Management Experience**, Page 3.

If yes, please provide the following details:

Company name in its original language: _____

English translation of the company name: (if different from above): _____

Business sector: _____

Date company was founded: _____
(dd/mm/yyyy)

Start date of ownership: _____
(dd/mm/yyyy)

Percentage of ownership: _____

End date of ownership (if applicable): _____
(dd/mm/yyyy)

Applicant's title: _____

Number of employees: _____

Company Address:

_____ *street address* _____ *city, town, or village*

_____ *province, state or district* _____ *country* _____ *postal code*

Company telephone number: _____

Company e-mail address: _____

Company fax number: _____

Company registration certificate or legal entity number (attach copy of registration): _____

Provide a description of your management responsibilities (attach additional page(s) if necessary):

Description of goods and/or services provided by the company (attach additional page(s) if necessary):

Provide a description of the management and business capabilities you can offer to your business in Nova Scotia.

Senior Business Management Experience

I have more than 5 years' experience in a senior business manager role. Yes No

If yes, please provide the following details and provide a signed letter of work experience from previous employer(s)

Company name in its original language: _____

English translation of the company name: (if different from above): _____

Business sector: _____

Date company was founded: _____
(dd/mm/yyyy)

Applicant's title: _____

Number of employees: _____

Company Address:

street address *city, town, or village*

province, state or district *country* *postal code*

Company telephone number: _____

Company e-mail address: _____

Company fax number: _____

Provide a description of your management responsibilities (attach additional page(s) if necessary):

Description of goods and/or services provided by the company (attach additional page(s) if necessary):

Provide a description of the management and business capabilities you can offer to your business in Nova Scotia.

Investment Amount

Candidate agreed to make an investment of CAD\$_____ to establish/purchase a business in Nova Scotia with the following breakdown:

| Investment Items | Amount (CAD\$) |
|---|----------------|
| Land | |
| Buildings | |
| Equipment | |
| Software | |
| Licenses | |
| Franchise fees | |
| Leasehold improvements | |
| Inventory | |
| Business supplies | |
| Educational courses related to the business operation | |
| Prepaid insurance | |
| Marketing costs | |
| Start-up costs (research, permits, licenses, incorporation costs, taxes) | |
| Operating expenses (rent, wages, salaries, utilities, advertising, accounting, insurance) | |
| Professional fees associated with the establishment of business (not with immigration) | |
| One vehicle (in accordance with Canada Revenue Agency guidelines) | |
| Office furniture and fixtures | |
| Total Investment | |

Candidate agreed that investment amount of CAD\$_____ must be transferred to a Canadian bank account within sixty (60) days of arrival in Nova Scotia.

Please note:

- Any expenses incurred prior to the mutual signing by both parties of the Business Performance Agreement will NOT be eligible as proof of investment. Any investment made prior to the mutual signing of the Business Performance Agreement and obtaining a valid work permit is solely at your own risk.
- For the establishment of a new business: A maximum of six months of operating expenses will be considered as investment.
- For the purchase of an existing business: A maximum of three months of operating expenses will be considered as investment.

Accumulation of Funds Declaration:

Applicant’s Financial Declaration:

I hereby declare that the information provided to the designated service provider pertaining to my accumulation and legality of funds is accurate as evidenced by the supporting documents provided to them in relation to my application to the Nova Scotia Nominee Program (NSNP).

surname *given names* *date of birth (dd/mm/yyyy)*

signature

date (dd/mm/yyyy)

Spouse/Common-Law Partner’s Financial Declaration

I hereby declare that, to the best of my knowledge, there is no legal impediment preventing the applicant from accessing the funds required in order to meet the net worth threshold for the NSNP Entrepreneur Program. I declare that the information provided to the designated service provider pertaining to the accumulation and legality of funds is accurate as evidenced by the supporting documents provided to them in relation to the application to the NSNP.

surname *given names* *date of birth (dd/mm/yyyy)*

signature

date (dd/mm/yyyy)

Business Declaration:

The business I will establish or purchase in Nova Scotia, as per my application, complies with all applicable laws and regulations, including, but not limited to the following statutes, as amended from time to time (refer to official versions):

[Labour Standards Code](#)

novascotia.ca/lae/employmentrights/docs/labourstandardscodeguide.pdf

[Worker's Compensation Act](#)

wcb.ns.ca/About-Us/Legislation-Workers-Compensation-Act

[Nova Scotia Human Rights Act](#)

nslegislature.ca/sites/default/files/legc/statutes/human%20rights.pdf

[Nova Scotia Occupational Health and Safety Act](#)

nslegislature.ca/sites/default/files/legc/statutes/occupational%20health%20and%20safety.pdf

[Nova Scotia Health Protection Act, Food Safety Regulations](#) (Food Services Industry Only)

novascotia.ca/just/regulations/regs/hpafood.html

I understand that failing to fulfill my obligations under the Business Performance Agreement will render me ineligible for nomination.

I acknowledge that I have read, understand, and agree to this declaration, and that my representative, if applicable, has provided me with a completed application form for review.

Signature of principal applicant

Date (dd/mm/yyyy)

Confidentiality Notice

Any confidential information collected during the course of accessing our programs or using our services is used only for providing you with services; for example, for registration to our programs or for determining your eligibility to services, including but not limited to the Nova Scotia Nominee Program, and program integrity efforts. Confidential information may include, but is not limited to, business plans, financial information related to the business, business registration, business licenses, ownership structure, corporate records or other information related to the business.

We do not disclose your confidential information except as required to fulfill the purpose(s) of a program or service and only to the extent required or authorized by law. In connection with providing you with programs, services or in the event of suspected fraud or non-compliance with provincial or federal legislation, confidential information may be collected from, used by or disclosed to any federal, provincial, municipal or local authority or any other person, department, financial institution, designated service provider, agency or organization.

I acknowledge that I have read and understand the above information regarding the collection, use, and disclosure of confidential information.

Signature of principal applicant

Date (dd/mm/yyyy)