

Small Business Start-Up Scheme Application Form

Please complete in BLOCK CAPITALS and in black ink and then return this completed form to:
**Small Business Administrator, Department of Economic Development, 1st Floor, St George's Court,
Upper Church Street, Douglas, IM1 1EX**

If you have queries concerning completion of this form, please contact the Scheme Administrator
on 682396.

In order to apply you must:

- Be able to commit at least 30 hours per week to your business
- Be resident on the Isle of Man for income tax purposes under the provisions of the Income Tax Act 1970
- Be either an "Isle of Man Worker" as defined under the Control of Employment Acts **OR** hold a valid work Permit in respect of the intended business activity on the date the application is made
- Be at least 18 years old

Section 1: Personal Details

Surname	<input type="text"/>
Surname at birth (if different)	<input type="text"/>
First name(s)	<input type="text"/>
Preferred title (<i>please delete as appropriate</i>)	<input type="text" value="Mr"/> <input type="text" value="Mrs"/> <input type="text" value="Ms"/> <input type="text" value="Miss"/> <input type="text" value="Dr"/> <input type="text" value="Other"/> <input type="text"/>
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth	<input type="text"/> day <input type="text"/> month <input type="text"/> year
Address, (including postcode)	<input type="text"/>
e-Mail address	<input type="text"/>
Phone number	<input type="text"/>
Mobile number	<input type="text"/>
National Insurance Number	<input type="text"/>
Tax Reference Number	<input type="text"/>



Section 2: Eligibility

Are you resident on the Isle of Man for income tax purposes? Yes No

Do you require a work permit? Yes No

If yes, do you hold a valid work permit in respect of your intended business activity? Yes No

Further details about work permits can be found at:
<http://www.gov.im/categories/working-in-the-isle-of-man/work-permits/>

Are you an undischarged bankrupt? Yes No

Do you have outstanding debt judgements/executions? Yes No

Are you in receipt of any Government Benefits? Yes No

Do you have Income Tax, National Insurance or VAT arrears? Yes No

Do you hold a criminal conviction, imposed on or off the Island, not considered spent under the Island's Rehabilitation of Offenders Act 2001? Yes No

The Isle of Man Rehabilitation of Offenders Act 2001 can be found at: www.gov.im/categories/working-in-the-isle-of-man/rehabilitation-of-offenders/

If yes to any of the above, please give details (use a separate sheet if preferred)

Are you considering starting your own business as a result of being made redundant in the past 12 months? Yes No

Is your business operating? Yes No

If your business is not operating, when are you intending to start?

Will you be working full-time in the business? (i.e. at least an average of 30 hours a week) Yes No

Do you (will you) fully control the business? Yes No

If no, what percentage do you (will you) hold? %

Are you or have you been either self employed or owned/part owned a business within the past 5 years Yes No

If yes, please give details including; name of business, type of business, your position in the organisation(s) and date(s)

Section 3: Your Business Idea

Business Name:

Business Address:

Please give details of your business idea. Explain exactly what your business will do.
(You may continue on a separate sheet if necessary)

Please give details of any relevant qualifications, skills, experience or training you have.

Section 4: References

Please provide the names and addresses of two people who have known you for a number of years and have agreed to support your application and act as referees (not family members). One of your referees should be a previous employer.

Name

Relationship

Position

Address

Post Code

Length of time known for

Name

Relationship

Position

Address

Post Code

Length of time known for

Section 5: Data Protection Statement

Information you provide will be used by the Isle of Man Department of Economic Development in accordance with the Data Protection Act 2002 for the purposes of administration, research, analysis and to inform you of relevant marketing information. We will not share your details with any third parties.

I agree to my information being used for the above purposes:

Section 6: Declaration

I declare that the information contained in this application is correct and I agree to confirmatory checks being made to establish that I do not have Income Tax arrears or National Insurance.

I give you permission to carry out a Criminal Record Check with the Department of Home Affairs.

I give permission for any checks to be made with the Department of Social Care and any other Government Departments, Statutory Boards, services or agencies relevant to the information given on this application form.

I acknowledge that if this application for financial assistance is successful the agreement I shall be required to sign with the Department of Economic Development will provide that the financial assistance or part of it (at the Department's discretion) may become repayable in a number of circumstances including if this Application or any supporting documentation relevant thereto is shown to have been false, misleading or inaccurate in any material respect.

Your signature

Date

Section 7: Marketing

How did you hear about the Scheme?