APPI	ICATION	TO LEASE A STALL
PREMISES:		City of Windbook
	APPL	
	Please complete this form caref	PORTANT NOTICE fully, using BLOCK LETTERS and BLACK PEN. ess your application for business premises.
YOUR PERSONAL DETAILS:	First Name:	
	Last Name:	
	Date of Birth:	
	Nationality:	
	Gender:	Male: Female:
	Postal Address:	
	Physical Address:	
	Telephone/Fax/E-mail:	Home:

		E-mail:		
	Language Proficiency:	Language	Speak	Read Write
	(Indicate as Good, Average			
	or Poor)			
DETAILS OF YOUR	Name of Business:			
BUSINESS:	Current Location of			
	Business:			
	Television			
	Telephone no.:			
	Company Registration No.:	(If applicable)		
	Social Security Registration No.:	(If applicable)		
	Type of Business:	Woodwork:	Electrical:	Design:
	(please tick the relevant	Metalwork:	Upholstery:	Technology:
	box or boxes)	Automotive:	Clothing:	Other: Please specify:
		Concrete works:	Computers:	
		Leather work:	Food:	
		Printing:	Beverages	
	L	i inturig.	Develages	
	Year in which business was esta	blished:		
	No. of employees:	Total:	Specify:	Full-time:
				Part-time:
				Contract:

				Male: Female: Disabled:	
PROFILE OF	What motivated you to start your own b	usiness?			
ENTREPRENEUR	1) I am unemployed.				
	2) I have a unique business idea.				
	3) I have been thinking of starting my busin	ness for a long time.			
	4) I want to be my own boss, even though I like my current job.				
	5) I have an opportunity to buy an existing operational business.				
	Do you have experience in the line of business in which you plan to start your business?				
	1) This line of business is totally new to me	).			
	2) I have worked in this line for a short while. (Indicate time)				mnths/yrs
	3) My hobby is linked to this business.				
	4) I have been working in this line of business for a few years and know the products and services very well. (Indicate time)				yrs
	5) I have been working in this line of busine different duties? (Indicate time)	ess for a long time in			yrs
	Secondary school:	Highest Grade obtained:			]
	Tertiary Qualification:				

	Other:	
	What strengths do you possess that wil	Il make you a successful entrepreneur?
	What are your weaknesses that will con	nstraint your entrepreneurial capacity?
ASSISTANCE YOU HAVE RECEIVED UP	Please specify the organisation/instituti given your business advice, financial ar	
TO NOW:	Institution/organisation/consultant	Type of assistance:

	What has been the impact of this ass	istance on your business? Exp	lain
NATURE OF THE BUSINESS:	Please give a description of your bus and/or the services you do/intend to		ture of the product(s)
		_	
INFORMATION ON	Who your target market?	Central Government	
THE MARKET FOR	(Please tick one or more boxes)	City of Windhoek	
YOUR PRODUCT		Contractors	
AND/OR SERVICE:		Wholesalers	

	Companies   Individuals   Other:   (Specify)
INFORMATION ON THE MARKET FOR YOUR PRODUCT AND/OR SERVICE:	What is unique about your product or service?
	What marketing methods would you make use of?

inen ale jeu g	going to produce or deliver your product and/or service?
Do you pood a	special equipment and/machinery to produce or deliver your product or service?
Do you need a	special equipment and/machinery to produce of deriver your product of services
	he equipment/machinery already?
Do you have t	
<b>Do you have t</b> YES	NO

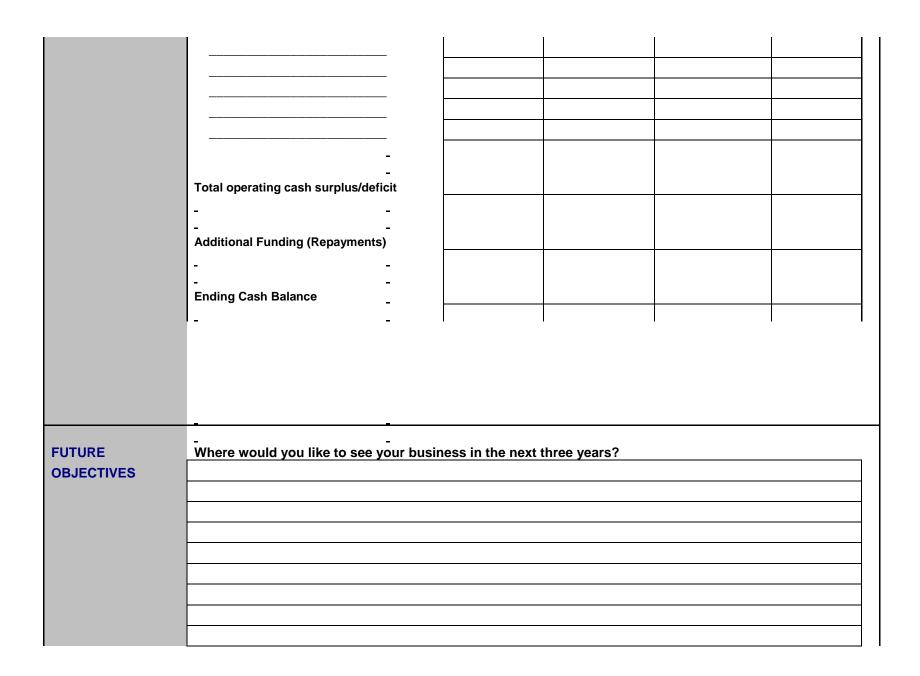
FINANCIAL	You should try to complet	e this section to	he furthest ext	ent possible. If you do not	have the
PLANNING	data requested, please ma	ark the box with N	/A (not availabl	le).	
	Capital Contributions Current assets owned that w	will be utilized by th	a huainaga i a	no additional funda ara ragu	uiro d
		will be utilized by th	le busilless, i.e.	no additional funds are requ	illeu.
	Assets	Amount		Other: Specify	Amount
	Telephone/Fax				
	Computer hardware				
	Computer software				
	Machines/Equipment				
	Furniture				
	Supplies				
	have a few sector				
	Investments What you need to invest in,	so that you can st	art vour businos	-2	
	what you need to invest in,	so that you can su	art your business	5?	
	Investment	Amount		Other: Specify	Amount
	Telephone/Fax				
	Copying Machine				
	Computer Hardware				
	Computer Software				
	Machines				
	Equipment				

Supplies			
Furniture			
Models, prototypes etc.			
Do you have access to funds	in order to acquire the ab	ove-mentioned items?	
1) Yes, I can access the funds t	o make the investments neo	cessary to start my business.	
2) I am operational, so I have al	ready made the necessary	investments.	
3) No, I have been unable to ac	cess the necessary funds.		
4) Partly, I have some funds that	at will enable me to make so	me of the investments.	
Have you taken out a <u>loan</u> for	your business?	Yes:	No:
	<u>lf yes,</u> from whom:	Bank: NDC: DFN: Family: Other:	
	<u>If yes,</u> size of loan:		
	<u>lf yes,</u> year in which loan	was taken:	
Do you keep your own financ	ial records?	Yes:	No:
lf no, who does your book-k	eeping:		
	<u> </u>		

## ACTUAL OR ESTIMATED FIGURES

## PRO FORMA CASH FLOW

Period starting:	Ending:				
	Month 1	Month 2	Month 3	Month 4	
- Opening Cash Balance					
 Cash Receipts					
Cash Sales _					
Accounts Receivable					
Other:					
Total Cash Receipts					
 Cash Disbursements					
Inventory Purchases					
Salaries					
- Fixed Assets					
- Rent					
Insurance					
Utilities					
Interest					
Advertising					
Taxes					
Office expenses					
Accounting					
Other payments (Specify):					



OTHER:	Please add to your application any additional information you have available on your business and future plans (e.g. brochures, leaflets, feasibility study or business plan, photos etc.) that will help us evaluate your application for a premises.		
Name:	Position:		
Signature	Date:		
	THANK YOU FOR YOUR INTEREST.		
YOUR APPLICATION WILL BE EVALUATED BY THE ECONOMIC DEVELOPMENT DIVISION.			
	YOU WILL THEN BE INFORMED WHETHER OR NOT THE COMMITTEE HAS DECIDED		
TO INVITE YOU FOR AN INTERVIEW.			