



BEVERAGE CONTAINER MANAGEMENT BOARD

BUSINESS PLAN
TO OPERATE A BEVERAGE CONTAINER
DEPOT IN THE PROVINCE OF ALBERTA
Supplementary to the New Depot Permit Application

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www.bcmb.ab.ca

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Depot Information

Name of Depot: _____

Name of Applicant/Proposed Permit Holder: _____

Contact Number: _____ E-mail: _____

Applicant is over 18 years of age:

Yes No _____

Is this a new construction or existing Depot?

New

Proposed date construction will begin: _____

Proposed date operations will commence: _____

Zoning code: _____

Existing

Proposed date new operator will commence operations: _____

Mailing Address (Applicant):

Legal Land Address (Depot):

Lot: _____

Block: _____

Plan: _____

Land Ownership:

Owned Leased

Detailed Site Plans included in Appendix:

Yes No _____

Ownership and Management

Legal Form of Business:

- Incorporated _____
Date Incorporated: _____
- Partnership _____
- Sole Proprietorship

List of Directors/Shareholders/Key Staff:

Name	Position	Years in Business	Shares Held (%)

Explain the duties and responsibilities of Directors/Shareholders/Key Staff:

Indicate the role the individuals listed above will fulfil in the day-to-day operations of the Depot

Description of staffing levels:

English proficiency

Canadian Language Benchmark Exam attached in Appendix:

- i. Speaking and listening score: _____
- ii. Reading and writing score: _____

Birth and/or education in an English-speaking country attached in Appendix

Financial and Legal

Banking Institution: _____ **Phone:** _____

Operating Capital or Line of Credit amount \$: _____

Accountant: _____ **Phone:** _____

Legal Advisor: _____ **Phone:** _____

Fiscal Year-End Date: _____

Appropriate Criminal Records Check(s) attached in Appendix:

Yes No _____

One and three year forecasts, including income statements and balance sheets attached in Appendix:

Yes No _____

Monthly cash flow projections for the first 3 months attached in Appendix:

Yes No _____

Basis of projections:

Operations

Number of Sorting Stations: _____

Employee Uniforms/Depot Branding: _____

Implementation of POR:

Yes No _____

Proposed Hours of Operation:

Monday: _____

Friday: _____

Tuesday: _____

Saturday: _____

Wednesday: _____

Sunday: _____

Thursday: _____

Population Served: _____

Proximity to nearest Depots:

Market justification/ Viability of Business:

Description of Proposed Marketing/Advertising:

Appendix