

Local Business Resources Collection:

Name of Business: _____

Type of Business: _____

Contact Person: _____

Phone Number: _____

Email: _____

Mailing Address: _____

1. How long has your business been in operation?
2. Who does your company serve?
3. What resources does your company consume? (utilities, supplies, etc.)
4. What type(s) of products are imported?
5. What type(s) of products are exported?
6. What is the proportion of products produced locally to products sold locally?
7. Could you potentially become part of a supply chain for another business? If yes, please expand.
8. Are you heavily reliant on supplies from outside sources?
9. How many individuals from inside the community does your company employ? _____ How many from outside the community? _____
10. What community resources would improve your current business?

Please submit to: Gillian Moch, Economic Development Officer,
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