

**Clutesi Haven Marina**

**Sea Can Business Incubator Application Form**

*Applications will be Reviewed by the City of Port Alberni. Submission of an application does not guarantee approval, unit assignment, a lease, or unit availability. Applications may be asked to provide additional information or attend and follow-up meeting as part of the review process. Incomplete applications may not be considered.*

<b>SECTION 1 – Applicant Information</b>	
Applicant Name (First & Last):	
Business Name (if applicable):	
Mailing Address:	
Phone Number:	
Email Address:	
Website or social media (if any):	
<p><b>Optional Self-Identification</b>                  The City is collecting this information to understand participation in the program and support inclusive economic development. Providing this information is optional and will not, on its own, determine eligibility unless otherwise stated in program criteria.</p>	<p>Do you wish to self-identify?</p> <input type="checkbox"/> Tseshaht First Nation <input type="checkbox"/> Hupacasath First Nation <input type="checkbox"/> Other (please specify): _____ <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer

<b>SECTION 2 - Business Information and Concept</b>	
1. Describe your business or proposed business concept. <i>(What products or services will you offer?)</i>	
2. How does your business contribute to marina activity, visitor experience and the overall goal of activating Clutesi Haven Marina as a destination?	
3. What experience do you or your team have related to operating this business?	

<p>4. Have you operated a business before?</p>	<p><input type="checkbox"/> Yes  <input type="checkbox"/> No  If yes, please describe:  _____</p>
<p>5. Is this a new business or an expansion of an existing business?</p>	<p><input type="checkbox"/> New business  <input type="checkbox"/> Existing business adding a new offering  <input type="checkbox"/> Existing business relocating/expanding to the Marina</p>
<p>6. Will your business involve any of the following?</p>	<p><input type="checkbox"/> Cooking or food preparation  <input type="checkbox"/> Water use / wastewater generation  <input type="checkbox"/> Grease or oil use  <input type="checkbox"/> Refrigeration / freezer equipment  <input type="checkbox"/> Ventilation requirements  <input type="checkbox"/> Outdoor display or seating  <input type="checkbox"/> Music or amplified sound  <input type="checkbox"/> Hazardous, combustible, or flammable materials  <input type="checkbox"/> Fuel-powered equipment  <input type="checkbox"/> None of the above</p>

<p><b>SECTION 3 – Unit Selection</b></p>	
<p>Available Units:  Small Units (3 available)</p> <ul style="list-style-type: none"> <li>• Basic configuration: door and window</li> <li>• Lease rate: \$15/sq ft</li> </ul> <p>Large Units (2 available)</p> <ul style="list-style-type: none"> <li>• Equipped with plumbed water and ventilation</li> <li>• Lease rate: \$20/sq ft</li> <li>•</li> </ul> <p><i>Please Note: Unit assignment is subject to availability and suitability for the proposed business. Lease rates, utility arrangements, permitted uses, and any tenant improvement requirements will be confirmed during the lease process.</i></p>	
<p>Which unit type are you applying for?</p>	<p><input type="checkbox"/> Small Unit (\$15/sq ft)  <input type="checkbox"/> Large Unit (\$20/sq ft)  <input type="checkbox"/> Either – I am open to both</p>
<p>If applying for a Large Unit:</p>	<p>Describe your need for water service and ventilation:</p>
<p>Please list the major equipment you intend to use in the unit . (For example: fridge, freezer, point-of-sale system, espresso machine, sinks, display</p>	

<i>cases, cooking equipment, marine service equipment, etc.)</i>	
Will your equipment require any of the following?	<input type="checkbox"/> Standard electrical outlets only <input type="checkbox"/> Special electrical service <input type="checkbox"/> Plumbing connection <input type="checkbox"/> Ventilation / exhaust <input type="checkbox"/> Outdoor storage <input type="checkbox"/> Other: _____

<b>SECTION 4 — Operating Plan</b>	
Proposed operating hours (days and times): <i>(The Marina expects regular operating presence for public consistency.)</i>	
2. What is your anticipated season start-up date? <i>(Target: May 2026)</i> Peak Season: May - September Off-season: October - April	
3. Do you require any modifications, equipment, or fit-out to operate your business?	<input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, describe what the proposed modifications, who would supply/install them and whether you expect the City/landlord to contribute:
4. Will you have employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many? _____

5. Do you intend to use any exterior area adjacent to the unit for signage, display, seating or storage?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe:
6. Describe the types of your business will generate and how you plan to manage it? (e.g., garbage, recycling, organics, grease, wastewater)	
7. Will your business require deliveries, service vehicles, or loading access?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe frequency and type: _____

<b>SECTION 5 — Readiness &amp; Supporting Requirements</b>	
1. Do you currently hold (or are you prepared to obtain):	<i>(Check all that apply)</i> <input type="checkbox"/> Business Licence <input type="checkbox"/> Food service permits (if applicable) <input type="checkbox"/> Commercial liability Insurance (required to name the City as additional insured) <input type="checkbox"/> Necessary operating equipment <input type="checkbox"/> Point-of-sale system WorkSafeBC registration (if employing workers) <input type="checkbox"/> Other permits/approvals (please specify): _____
2. What support, if any, would help your business be successful in this program?	
3. Are you financially prepared to commence operations, including rent, insurance, utilities, equipment, and operational costs?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially/Seeking support  If needed, please explain:

<b>SECTION 6 — Additional Information (Optional)</b>	
Why are you interested in locating your business at Clutesi Haven Marina?	

What do you see as your business's contribution to the Marina Marketplace experience, waterfront activity and visitor appeal?	
Is there anything else you would like to share about your business, background, or vision?	
Optional supporting documents (if available):	<input type="checkbox"/> Business plan or concept summary <input type="checkbox"/> Product list / menu <input type="checkbox"/> Photos of products or previous set-up <input type="checkbox"/> Resume or summary of operator experience <input type="checkbox"/> Proof of business registration <input type="checkbox"/> References <input type="checkbox"/> Other: _____

<b>SECTION 7 – Declaration</b>	
Applicant Signature (typed name is acceptable):	
Date:	

By submitting this application, I confirm that the information provided is accurate and complete to the best of my knowledge. I understand that submission of this application does not guarantee approval, unit assignments, a lease or unit availability.

Personal information is collected by the City of Port Alberni for the purpose of administering and evaluating applications for the Clutesi Haven Marina business incubator / marina marketplace program. Information will be used by authorized staff and representatives involved in the review and administration of the program. If you have questions about the collection of your personal information, please contact the City's Privacy Officer at 250-723-2146. **For City Use Only**

- Date received: \_\_\_\_\_
- Application complete:  Yes  No
- Follow-up required:  Yes  No
- Unit type recommended: \_\_\_\_\_
- Reviewed by: \_\_\_\_\_
- Decision:  Approved  Waitlist  Declined
- Notes: \_\_\_\_\_