For Développement Vaudreuil-Soulanges (DEV) to process your request, ensure to provide all required documents. These documents are necessary for a good understanding of your needs and ensuring that customers receive the best possible support.

Once the file is received, an advisor from DEV will contact you at the earliest opportunity.

DEV informs you that the information collected on this form and any information that could be added to your file in the future, will be treated confidentially and will only be shared with those assigned to the decision-making process of your file.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **section 1 – COMPANY INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Quebec Business Number (NEQ)** | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
| **Company Name** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
| **Address** |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
| City |  | | | | | | | | | | | | | | | | | **Postal Code** | | | | | | | | | |  | | | | | | | | |  | | | |
| **Phone** |  | | | | | | |  | | | | **Website** | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | |
| **Company general Email** | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
| **Contact** |  | | | | | | | | | | | | | | |  | | **Title** | | | | |  | | | | | | | | | | | | | |  | | | |
| **Phone** |  | | | | | | | | **Ext.** | | |  | | | | | | **Email** | | | | |  | | | | | | | | | | | | | |  | | | |
|  |  | |  | | | | | | |  | | |  | | | | | |  | | | | |  | |  |  | | | | | | | | | | | |  | |
| **Shareholder (s)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Shareholder 1** |  | | | | | | | | | | | | | | | | | **Title** | | | | |  | | | | | | | | | | | | | |  | | | |
| **Phone** |  | | | | | | | | **Ext.** | | |  | | | | | | **Email** | | | | |  | | | | | | | | | | | | | |  | | | |
|  |  | | | | | | | |  | | |  | | | | | |  | | | | |  | | | | | | | | | | | | | |  | | | |
| **Shareholder 2** |  | | | | | | | | | | | | | | | | | **Title** | | | | |  | | | | | | | | | | | | | |  | | | |
| **Phone** |  | | | | | | | | **Ext.** | | |  | | | | | | **Email** | | | | |  | | | | | | | | | | | | | |  | | | |
|  |  | | | | | | | |  | | |  | | | | | |  | | | | |  | | | | | | | | | | | | | |  | | | |
| **Shareholder 3** |  | | | | | | | | | | | | | | | | | **Title** | | | | |  | | | | | | | | | | | | | |  | | | |
| **Phone** |  | | | | | | | | **Ext.** | | |  | | | | | | Email | | | | |  | | | | | | | | | | | | | |  | | | |
|  |  | | | | | | | |  | | |  | | | | | |  | |  | | | | | | | | | | | | | | | | | |  | | |
| **Company Profile** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Business sector(s)** |  | | Retail | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  |  | | Services | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  |  | | Restaurant and food services | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  |  | | Industrial | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  |  | | Other | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| **Number of employees** | Production | | | | |  | | Administration : | | | |  | | | | Customer service : | | | | |  | | | | Total : | | | |  | | | Operations start date (YYYY-MM-DD): | | |  | | | | | |
| **Total revenues** | | | | |  | | | | | | | | | | | | **Fiscal year end date (YYYY-MM-DD)** | | | | | | | | | | | | | | | | |  | | | |  | | |
|  |  | | |  | | |  | |  | | |  | | | | |  | | | |  |  | | | | | | | | | |  |  |  | | | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **section 2 – DETAILS OF PROFESSIONAL RETAINED** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Professional Order** | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| **Name of professional** | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| **Address** |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| **City** | |  | | | | | | | | | | | | | | | | | | | | | | | **Postal code** | | | | | |  | | | | | | |  | | |
| **Phone** |  | | | | | | | | | | | **Website** | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| **Date of service proposal / invoice** | | | | | | | |  | | | | | |  | **Service proposal / invoice No.** | | | | | | | | | | | | | | |  | | | | | |  | | | | |
| **Amount** |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **section 3 − SUPPORTING DOCUMENTS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Mandatory documents for any financial assistance application** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Copy of service proposal and/or invoice | | | | | | | | | | | | | | | | | | Any other relevant document(s) or supporting document(s) deemed necessary by DEV. | | | | | | | | | | | | | | | | | | | | | | |
| **section 4 – ACKNOWLEDGEMENT** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I certify that the information contained herein, and the attached documents are, to my knowledge, true and complete.  The documents submitted by the applicant remain Développement Vaudreuil-Soulanges (DEV) property, who will ensure its confidentiality. However, the applicant authorizes DEV to exchange with those assigned and involved in the decision-making process of the file, all the information or documents necessary to assess this application. The applicant relieves advisors of any possible liability that may incur by their decision and recommendation.  I agree to be part of your contact network, to receive your customer satisfaction survey and your communications (including DEV newsletters).    DD / MM / YYYY Name (please print) Applicant’s Signature | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**Please send your form duly completed to** [**ngagnon@developpementvs.com**](mailto:info@developpementvs.com) **and ensure all required documents are attached.**