

If the company listed below is no longer in operation please check this box

1. COMPANY INFORMATION:

Company Name: _____
 Street Address: _____
 Unit: _____ City: Brampton Province: ON Postal Code: _____
 Telephone: _____ E-mail Address: _____
 Fax: _____ Web Address URL: _____

2. CONTACT INFORMATION:

Senior Local Corporate Representative (eg CEO/Owner): _____ Title: _____
 Key Business Contact (eg Manager): _____ Title: _____
 Health & Safety Contact (eg HR/Security): _____ Title: _____

3. BUSINESS INFORMATION:

Employment figures are for this location only. If you are self-employed or an owner-operator, please include yourself as an employee.

Number of full-time employees : _____ (30 or more hours per week)
 Number of part-time employees : _____ (less than 30 hours per week)
 Number of contract employees : _____ (temporary workers or seasonal)

Average Annual Sale \$ _____ (Optional)

What year was your business (or franchise) established in Brampton? _____

Was your business originally started in Brampton? _____

Is Brampton the location of your corporate head office? _____

If "No", where is your headquarters located (city/country): _____

How many shifts does your Brampton facility operate on? (please circle) 1 2 3

What type of goods or service does this company provide (Description of Business Operation)?

What product brand names does your company produce and/or supply?

Approximate Working Area Size in Square Feet/Square Meter (Please Specify): _____

4. Business Sector Information (if applicable):

For what sector do you provide for?

- | | |
|---|---|
| <input type="checkbox"/> Advanced Manufacturing | <input type="checkbox"/> Information & Communication Technology |
| <input type="checkbox"/> Life Sciences | <input type="checkbox"/> Support Industry |
| <input type="checkbox"/> Retail Trade & Wholesale Trade | <input type="checkbox"/> Other (Specify) _____ |
| <input type="checkbox"/> Food & Beverage Processing | |

5. Export Information (if applicable):

Does your company export products/services outside Canada? _____

If yes, approximately what percentage of your firm's products/services is exported? ____ %

Please indicate to which Countries or Cities your firm's products/services are exported.

(1) _____ (2) _____ (3) _____

All Information provided will be collected in accordance with the Municipal Freedom of Information and Protection of Privacy Act

Thank you for taking the time to complete this Update Form. Please return or fax the completed form to:

Economic Development Office
 City of Brampton
 33 Queen Street West
 Brampton, ON L6Y 1L9

FAX (905) 874-2670
TEL (905) 874-2650

2011- SV

* Note: Samples and blank copies of this form are available at www.brampton.ca/economic-development/ . If you have any questions regarding the information requested or this form, please contact the Economic Development Office at 905-874-2650.