

# Business Plan

## Business Name:

## Business Details:

Address:

City/town:

Post code:

Phone:

Fax:

Mobile:

E-mail:

Web site:

## Owners/Directors

Title:

First Name:

Sur Name:

## Business Type:

(Please state: Sole Trader, Partnership, Limited Liability Partnership, Limited company or other)

# Executive Summary

(Brief Summary about the business)

# Marketing Strategy

(Outline how the business will generate an income)





Questions:

1. How much sales do I need to make to cover all costs (break even).

2. If a loss is made how will the loss be covered

# Five year plan

	Year 1	Year 2	Year 3	Year 4	Year 5
	£	£	£	£	£
Turnover					
Expenditure					
Profit/Loss					