

# SELF-EMPLOYMENT BUSINESS PLAN

**\*\*You may use additional sheets of paper if necessary to answer questions.**

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ or Federal ID #: \_\_\_\_\_

Name of Proprietor: \_\_\_\_\_ Business Start Date: \_\_\_\_\_

Name of Business: \_\_\_\_\_ Business Phone #: \_\_\_\_\_

Address of Business: \_\_\_\_\_

This business is a (check one):     Sole Proprietorship         Partnership         Corporation

Provide a detailed description of your business (the product sold or type of service):

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List the days of the week and specific hours necessary to perform your job:

Circle A.M. or P.M.	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
A.M.							
P.M.							
A.M.							
P.M.							

Please describe the specific tasks performed during these hours:

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If your business does not currently earn a net profit of \$100.00 per month, please describe your plan to reach this goal by your thirteenth month of operation:

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**Please note: It is important to be as specific as you can regarding your need for child care. Your hours and days will be limited to the coverage necessary to perform your job. If you have questions, please call: 1-802-888-5229**

**Return to:** Child Care Resource  
181 Commerce Street  
Williston, VT 05495