

Business Information Questionnaire

You are applying for Child Care Fee Assistance as a self-employed person. Before we can consider your application, our office needs to have an understanding of the nature of your business, your business activities and how you receive income from your business.

Please answer all the questions below in the space provided and if more space is needed, you can add additional pages.

Must be completed fully or we will be unable to review your application and it will be returned to you. Remember to submit other required documents.

Please print clearly

Questions about Business Operation

Contact Information:

Your Name: _____ Spouse's Name: _____

Address: _____

E-mail: _____ Phone/Cell#: _____

Name of the Business _____

1. When did you start your business? (month & year)
Attach a copy of your business license.
2. If your business has been in existence less than a year, please identify if there were any breaks in business activity and include the time frame (For example, seasonal nature, illness, maternity leave):
3. Is your business registered? Yes No
If yes, attach a copy of your business registration.

4. Is your business incorporated? Yes No
If yes, provide a copy of the Article of Incorporation and identify your business year end date.

5. Do you have any partners in your business? Yes No
If yes, list the names of the partners and their percentage (%) of the partnership:

1)	_____	_____%
2)	_____	_____%
3)	_____	_____%
4)	_____	_____%

6. What is your type of business? What product or services are you selling?

7. Where and to whom do you sell your product or services? (provide details)

8. Describe how you market/sell your product or services. (For example, direct sales/service, trade show, distributors, etc.)

9. Do you primarily do business with/for one company/customer? Yes No

If yes, list the name of the company: _____

If no, how many different companies/customers do you do business with in a month?

10. List the days and hours your business operates:

Day	Hours	Day	Hours
Monday		Tuesday	
Wednesday		Thursday	
Friday		Saturday	
Sunday			

11. Where does your business operate?

a) Provide the address of the main office:

b) Where are the business activities conducted? (For example, customer's office, customer's home, stores, construction job site, etc.)

12. What is your role in the business? List the days and hours that you work.

Role:

Day	Hours	Day	Hours
Monday		Tuesday	
Wednesday		Thursday	
Friday		Saturday	
Sunday			

Questions about Employees and Income

13. Do you have employees in addition to yourself? Yes No

If yes, please list how many employees and what their activities are.

# of Employees	Activity/Responsibility

14. Is your spouse (if applicable) involved in the business? Yes No
 If yes, list his/her role, what his/her activities are and the days and hours that he/she works in the business.

Role:

Day	Hours	Day	Hours
Monday		Tuesday	
Wednesday		Thursday	
Friday		Saturday	
Sunday			

15. How do you pay yourself? (For example, draw, hourly wage, monthly salary)

16. What other sources of income do you have to support your family’s financial needs in addition to your business?

17. Please identify:

- a) How much money you have invested in the business:
- b) The equipment needed to operate the business:
- c) The value of the Business Bank Accounts:
- d) The value of Business loans:

18. How do you claim your income for Income Tax Purposes? (For example, Employment income, commissions, self-employed income). It is important to be aware that the information you provide must be consistent with your Canada Revenue Agency (CRA) T1 General (Income Tax Return).

