

Self-Employed Business Narrative Form

1. Using the North American Industry Classification System (NAICS) below, please check the industry that best describes this business:

- | | |
|---|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Mining-Quarrying-Oil & Gas Extraction |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Finance and Insurance |
| <input type="checkbox"/> Accommodation-Food Service | <input type="checkbox"/> Administrative-Support-Waste Management |
| <input type="checkbox"/> Agriculture-Forestry-Fishing-Hunting | <input type="checkbox"/> Information |
| <input type="checkbox"/> Construction (Home & Remodeling) | <input type="checkbox"/> Real Estate-Rental and Leasing |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Arts-Entertainment-Recreation |
| <input type="checkbox"/> Transportation-Warehousing | <input type="checkbox"/> Professional-Scientific-Technical Service |
| <input type="checkbox"/> Utilities | <input type="checkbox"/> Health Care-Social Assistance |
| <input type="checkbox"/> Educational Services | <input type="checkbox"/> Other Services |

2. Name of business: _____

3. Number of owners: _____

4. Service or Product provided: _____

5. Date business started: _____

- | | |
|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Corporation |
|--------------------------------------|--------------------------------------|

6. Business legal structure: _____

- | | |
|--|--|
| <input type="checkbox"/> Sub-S Corporation | <input type="checkbox"/> Limited Liability Company |
|--|--|

7. Business location: (insert address of primary location): _____

- | | | |
|--------------------|------------------------------------|---|
| a. Is the space a? | <input type="checkbox"/> residence | <input type="checkbox"/> commercial/warehouse |
| | <input type="checkbox"/> one | <input type="checkbox"/> greater than 5 |

8. Number of business locations: _____

- | | |
|--------------------------------|---------------------------------|
| <input type="checkbox"/> owned | <input type="checkbox"/> leased |
|--------------------------------|---------------------------------|

9. Are these locations? _____

- | | | | |
|------------------------------|-------------------------------|--------------------------------|--|
| <input type="checkbox"/> 0-1 | <input type="checkbox"/> 2-10 | <input type="checkbox"/> 11-25 | <input type="checkbox"/> greater than 25 |
|------------------------------|-------------------------------|--------------------------------|--|

10. Number of employees: _____

11. Describe any machinery or equipment required for business operations:

12. Does the business require inventory (raw material or finished goods) to generate sales?

- Yes No

a. If yes, describe the inventory and turnover ratio:

Name _____ Email _____

Title _____ Phone Number _____

Signature _____ Date _____

