



Business Information Form

Office Use Only	Staff: _____
Community: _____	Census Tract: _____
Type: C T V	

In order to meet the needs of many business owners and entrepreneurs, we must carefully review and evaluate the effectiveness of our programs to our supporters, stakeholders, and funding sources. Information is for secure recordkeeping and required federal reporting purposes only. Thank you for your assistance.

Please complete this form if you have an existing business or are requesting assistance to start a business.

Today's Date: ____ / ____ / ____ **Owner(s):** _____

Business Name: _____

Business Address: _____
(No PO Boxes)

City: _____ **State:** _____ **Zip:** _____ **County:** _____

Business Phone: (____) ____ - _____ **Business Fax:** (____) ____ - _____

Business Email: _____

DUNS number: _____ **NAICS number:** _____

1. What is the current status of your business? (please check one):

For these purposes, a business is operational if it is registered, **and: Made a sale(s), hired employee(s), acquired business debt/capital **or** incurred business expense.*

- Pre-Business (not yet operating)
- In-Business/Start-up (operating 12 months or less)
- In-Business/Established (operating more than 12 months)

2. Business start date:

Pre-Business - What is your expected business start date? Month: _____ Year: _____

In-Business - What was the start date of your business? Month: _____ Year: _____

3. What percent of your business is women-owned? (please check one):

- 0%
- 1-49%
- 50%
- 51-99%
- 100%

4. Is this a home-based business? (please check one):

- Yes
- No

5. Do you conduct business online? (please check one):

- Yes
- No

6. What is the web address of your business? (please fill in):

7. What is your business type? (please check one):

- | | | |
|--|---|--|
| <input type="checkbox"/> Accommodation, Food Services | <input type="checkbox"/> Healthcare, Social Assistance | <input type="checkbox"/> Real Estate, Rental, Leasing |
| <input type="checkbox"/> Administrative, Support | <input type="checkbox"/> Information | <input type="checkbox"/> Retail Trade |
| <input type="checkbox"/> Agriculture, Forestry, Fishing, Hunting | <input type="checkbox"/> Management of Companies, Enterprises | <input type="checkbox"/> Utilities |
| <input type="checkbox"/> Arts, Entertainment, Recreation | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Transportation, Warehousing |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Mining | <input type="checkbox"/> Waste Management, Remediation Services |
| <input type="checkbox"/> Educational Services | <input type="checkbox"/> Professional, Scientific, Technical Services | <input type="checkbox"/> Wholesale Trade |
| <input type="checkbox"/> Finance, Insurance | <input type="checkbox"/> Public Administration | <input type="checkbox"/> Other Services (except Public Administration) |

Turn over to complete form

8. **What is the legal entity of your business?** (please check one):

- Corporation L3C LLC
- Partnership S-Corporation Sole Proprietorship
- Not Yet Established Other: _____

9. **Does your business hold any of the following certifications?** (please check all that apply):

- 8a DBE MBE WBE
- None/Not Applicable Other: _____

10. **Is your business located on tribal lands?** (please check one):

- Yes No

11. **Is your business currently exporting?** (please check one):

- Yes No

12. **In your last taxable year, what was the amount of your business's total sales/gross receipts?**

\$ _____ Sales/Receipts Not applicable (in business less than 1-year)

13. **In your last taxable year, did your business experience a net profit or loss?** (please check one):

- Profit Loss Broke Even Not applicable (in business less than 1-year)

14. **In your last taxable year, what was the amount of your business's net profit or loss (before tax)?**

\$ _____ Profit/Loss Not applicable (in business less than 1-year)

15. **List the number of people currently employed by your business (including yourself):**

- a) Full-time Permanent: _____
- b) Full-time Seasonal/Limited-term: _____
- c) Part-time Permanent: _____
- d) Part-time Seasonal/Limited-term: _____
- e) **Total number of people currently employed by your business:**
(sum of a-d above): _____

Questions 16 and 17 ask you to calculate 'full-time equivalent' jobs as follows:

Each full-time job equals one job.

Each part-time job should be reported as its full-time equivalent - (i.e. three half-time jobs: 3 x .5 = 1.5 full time jobs.)

16. Number of full-time equivalent jobs **created** by your business within the past 12 months: _____

17. Number of full-time equivalent jobs **retained** by your business during the past 12 months (these jobs would have been created more than 12 months ago and are still active): _____

I certify that all my statements on this form are correct to the best of my knowledge and that I will cooperate in providing follow-up information needed to evaluate the effectiveness of the program if asked by an authorized representative of WWBIC.

Signature: _____ **Date:** _____