



	Gener	al Business Information	
Start Up Business Name of Business:	☐ Check this box, if you are no	t yet a business (If checked, some qu	uestions will not apply.)
Client Name:			
Business or Startup Address	First Name Street Address	Last Name	Job Title
	Street Address		
	City		State ZIP Code
Phone:	()	Fax: <u>(</u>)	
Occupational License #:		Federal Tax ID:	
E-mail Address:		NAICS code:	
Parish of Business & Residence:		Date Business Established:	
Is this business 5	1% or more: Woman	owned Minority ow	ned Veteran owned
Please select one		erican Black American	Hispanic American
Is your personal r	net worth (excluding personal re Less than \$100,000	sidence, business assets and retir	nerican White American rement accounts)? D \$200,001 - \$300,000
Number of employ	yees:before March 11, 2020	FTPT	Other (Contract)
Current number o	of employees:	FTPT	Other (Contract)
Associated annua	al payroll:	FTPT	Other (Contract)
Business' legal er	ntity: Sole Proprietor	ship Corporation	S-Corporation
	Limited Liability	Corporation Partne	ership Other
Business; produc	ets and services:		·····







8026 West Main Street Suite 701 Houma, LA 70360 985.873.6890

Occupational license #				
Please check industry sector which best applies to your business:				
☐ Accommodations or Hospitality	☐ Support for Mining Activities			
☐ Administrative and Support Services	☐ Transportation and Warehousing			
☐ Arts and Culture	☐ Utilities			
☐ Construction	☐ Waste Management and Remediation			
☐ Educational Services	☐ Wholesale Trade			
☐ Financial Services	□ Other			
	☐ Oil and Gas Extraction			
☐ Fishing	☐ Professional and Technical Services			
☐ Farming/Agriculture				
☐ Health Care	□ Real Estate/Rental/Leasing			
☐ Information Technology	□ Construction			
☐ Leisure and Hospitality	☐ Restaurant Services and Drinking Places			
☐ Manufacturing	□ Retail Trade			
☐ Oil and Gas Extraction	☐ Support for Mining Activities			
☐ Professional and Technical Services	☐ Utilities			
☐ Real Estate/Rental/Leasing	☐ Waste Management and Remediation			
☐ Restaurant Services and Drinking Places	☐ Wholesale Trade			
☐ Retail Trade				
	Section			
Please explain how your business was impacted by 0				
Please explain how your business was impacted by 6				
Please explain how your business was impacted by 0				
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What challenges remain for your business currently?	
How would you like the Bayou Business Recovery Network	assist your company in becoming stronger?
Signature	
Attestation: I hereby attest that all information above is cor I understand that individuals and/or businesses found to be	mplete and accurate to the best of my knowledge. providing fraudulent information may be prosecuted.
Signature:	Date:

