



## SELF-EMPLOYED BUSINESS NARRATIVE FORM

This form is to be completed by borrower/business owner and it can also be completed by a third party individual with direct knowledge of the borrower's business, such as a Certified Public Accountant, an IRS Enrolled Agent, or Certified Tax Preparer.

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

2. Name of business: \_\_\_\_\_

3. Number of owners: \_\_\_\_\_

4. Service or Product provided: \_\_\_\_\_

5. Date business started: \_\_\_\_\_

6. Business legal structure:  Partnership  Corporation  S-Corp  Limited Liability Company

7. Business address (primary location): \_\_\_\_\_

This space is a:  Residence  Commercial/Warehouse

8. Number of business locations:  1  2 - 5  Greater than 5

9. Are these locations  Owned  Leased

10. Number of employees:  0-5  6 - 10  11 - 25  Greater than 25

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

If yes, describe the inventory and turnover ratio: \_\_\_\_\_

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_