SEAL OF THE CHEROKEE NATION
SEPT. 6, 1839

Please briefly describe your small business. Thank you.

____
Business Name

____
Owner(s) Name

Please select a gender:
Male
Female

Tribe Affiliation ______________________________

Native American Owned

Business Address:

____
Street *City* *State* *Zip*

____________________ ____________________
Phone Number *Fax Number*

____
E-Mail Address

____
Business Type or Specialty

____
Business Web-site (if applicable)

Survey

Please complete by answering every question. Thank you.

Number of Employees in Business:

Any employees Native American? *How many*

Any employees Cherokee? *How many*

Any employees Veterans? *If so, how many*

Any disabled employees? *If so, how many*

Is your business in a designated Cherokee Community (i.e. Greasy, Bell, Oaks, Marble City, etc…)
______________________________.

For Office Use Only:
Loan Amount Requested (if applicable): ________________ *How were we contacted(____walk in,____ telephone,____ email, ____mail, ____other).*

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