



Business Questionnaire

Name of Resident _____

Area of Need _____

TYPE

- Sole Proprietorship Partnership
 Limited Liability Corporation (LLC) Corporation
 Other _____

LICENSES & REGISTRATIONS

- Are you required to register with the State of Louisiana?
 Yes No Don't Know
- If yes, have you applied? Yes No Don't Know
- Are you required to register with the City of New Orleans?
 Yes No Don't Know
- Do you have insurance? Yes No Don't Know
- If yes, what kind of insurance do you have?
 Liability Worker's Compensation Other: _____
- What are the limits? _____
- Does your company's type of service or product require special licensing/certification to perform?
 Yes No Don't Know
- If yes, has the company acquired the required licensing/certification needed?
 Yes No Don't Know

9. Would the company like to be a member of the Lower 9th Ward Neighborhood Empowerment Network Association?

Yes

No

Don't Know

10. Does your company require any assistance with the above questions? If so which ones?

11. Does your company require any additional related assistance or needs not mentioned here? If so please list those needs or assistance here.

12. Please list any other information you feel is pertinent to your needs business related requirements, so that NENA will know how best to serve you.
