

BLNC -2019 Disaster Recovery for NC Businesses

Business Owner _____
Last First Middle

Legal Business Name/DBA _____

(LEGAL BUSINESS NAME, indicate if you have DBA (Doing Business As) filed **BEFORE** 12/1/2017) YES NO

Type of Business: (check type)

Retail/Wholesale Service Agri-Business OTHER _____

Manufacturing: Construction Commercial Fisher

DID YOU HAVE **PHYSICAL DAMAGE** to the BUILDING? YES NO

Did you lose product? YES NO, **Did you lose sales?** YES NO

Do you have employees? YES NO, **If yes, How Many?** _____

Displaced employees? YES NO

Physical Business Address: _____

County: _____ Zip Code: _____

Phone: _____ Best Time to Call? _____

Cell Phone: _____ Email: _____

Has Owner done any of the following: (CHECK NEXT TO RESPONSE)

Applied to **FEMA**? YES NO

Applied to **SBA**? YES NO

Filed with **Insurance**? YES NO

Assistance Needed/Other Issues or Comments:

- Lose of Sales/customers Help with vendors/suppliers; creditors
- Help with tax issues Help with disaster loan application/appeals
- Help creating an overall recovery plan OTHER _____

RECORDED

BY: _____ **DATE:** _____

Please SAVE with your initials to your HARD DRIVE – ATTACH to Email

Email: BLNC@EDPNC.com