

# Village of Kekoskee Small Business Revolving Loan Fund Application

1. Legal Business/Company Name \_\_\_\_\_
2. Federal Employer Identification Number \_\_\_\_\_ DUNS \_\_\_\_\_ NAICS code \_\_\_\_\_  
Information about acquiring these numbers has been included in your packet.
3. Street Address \_\_\_\_\_
4. Mailing Address (If different) \_\_\_\_\_
5. City, State, Zip \_\_\_\_\_
6. Business Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_
7. Website Address \_\_\_\_\_ Email \_\_\_\_\_
8. Business Type:  Individual     Partnership     Profit-Making Corporation     Indian Tribe  
 Proprietorship     Cooperative     Nonprofit Corporation     Public Body  
 Trust     Other \_\_\_\_\_
9. Owner/Partner/Chief Executive Officer \_\_\_\_\_
10. Person Preparing Application \_\_\_\_\_ Title \_\_\_\_\_  
a. Mailing Address \_\_\_\_\_  
b. City, State, Zip \_\_\_\_\_  
c. Telephone Number(s) \_\_\_\_\_ Email \_\_\_\_\_
11. Date of Business Start-up or Incorporation \_\_\_\_\_
12. How long under present control \_\_\_\_\_
13. Names of owners/partners/corporate officers with 20% or more of ownership:  
\_\_\_\_\_%    \_\_\_\_\_%  
\_\_\_\_\_%    \_\_\_\_\_%  
\_\_\_\_\_%
14. **Women Owned:**  Yes  No    **Veteran Owned:**  Yes  No    **Owned by a Person with a Disability:**  Yes  No  
**Minority Owned:**  Yes  No
15. Number of employees at time of application. Include owner(s): Full time \_\_\_\_\_ Part time \_\_\_\_\_
16. Number of employees/jobs to be created with the loan. Include owner(s): Full time \_\_\_\_\_ Part time \_\_\_\_\_
17. Number of employees/jobs "saved" with the loan. Include owner(s): Full time \_\_\_\_\_ Part time \_\_\_\_\_

*\*Kekoskee is an equal opportunity provider, employer, and lender. In accordance with Federal law and U.S. Department of Agriculture policy, the Loan Review Committee and the Village of Kekoskee Board will not discriminate on the basis of race, color, national origin, sex, religion, age, disability, or marital or family status.*

18. Give a brief description of current operations (goods/services provided):

---

---

---

---

19. Give a brief description of the proposed project for which funding is requested including how it will provide benefits to the Village of Kekoskee:

---

---

---

---

20. Description of project costs:

Land/Building Acquisition	\$ _____
Rehabilitation/Construction	\$ _____
Acquisition of Equipment	\$ _____
Working Capital	\$ _____
Inventory	\$ _____
Other Operating Expenses (please address under Q19)	\$ _____
<b>Total Project Cost</b>	<b>\$ _____</b>

21. Total Amount of RLF Loan Request \$ \_\_\_\_\_

22. Why RLF assistance is needed \_\_\_\_\_

---

---

23. Name of Primary Lender \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Contact Person \_\_\_\_\_ Title/Position \_\_\_\_\_

Telephone Number (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

24. Amount to be borrowed from primary lender \$ \_\_\_\_\_

Terms \_\_\_\_\_

25. Other Public and Private Sources of Financing, Amounts and Terms:

Source	Amount	Terms
_____	\$ _____	_____
_____	\$ _____	_____

26. Have any market analyses or other investigations been made to evaluate project feasibility?

- Yes (please attach copies)  No

27. Legal Information

A. Has the applicant, any owner, officer, subsidiary or affiliate been involved in any lawsuits in the last 5 years or have any lawsuits pending?	<input type="checkbox"/> Yes <input type="checkbox"/> No
B. Has the applicant, any owner, officer, subsidiary or affiliate ever been involved in any bankruptcy or insolvency proceedings or have any proceedings pending?	<input type="checkbox"/> Yes <input type="checkbox"/> No
C. Has the applicant, any owner, officer, subsidiary or affiliate had any civil or criminal charges in the last 5 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
D. Does the applicant, any owner, officer, subsidiary or affiliate have any outstanding tax liens?	<input type="checkbox"/> Yes <input type="checkbox"/> No
E. Has the applicant ever been convicted of a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please attach a detailed explanation of any YES responses. *An Application will be deemed ineligible and denied based on the falsification of information.	

**Signatures required on the next page.**

- I understand that this application is not considered complete until all the following boxes are checked.
  - I have enclosed a **non-refundable** check for \$250 payable to the Rural Development Grant RLF.
  - I understand that an additional 1% of the loan amount will be due at closing for administrative and legal fees.
  - I understand that if the project requires an environmental review, I will be responsible for all costs associated with the environmental review.
  - I understand that I will be responsible for all outside fees associated with processing the application such as credit report fees, UCC and Lien search fees, the fees for filing security and legal documents.
  - I understand that an ACH transaction must be set up for all loan repayments.
  - I have submitted the following information with this application unless marked as N/A (Not Applicable) and initialed by the Loan Administrator:
    - USDA DATA COLLECTION for the Equal Credit Opportunity Act.
    - USDA Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion – Lower Tier Covered Transactions.
    - USDA Assurance Agreement.
    - Balance Sheet and Profit and Loss Statement for the last three fiscal years.
    - Balance sheet and Profit and Loss Statement for an interim period less than ninety (90) days from the date of application.
    - Aging of Accounts Receivable and Payable corresponding with the latest statement.
    - Earnings projections for three years from date of application (assumptions must be included).

- Business plan and financing proposal. Include company history, industry trends, marketing plan, identification of customers, suppliers and competitors, and description of any affiliates or subsidiaries.
- If equipment is being purchased, a list of equipment.
- Cash flow analysis on monthly basis for first year of operation.
- Sources of uses form.
- Information on principals: resumes and personal financial statements (signed and dated) for principal owners (20%).
- Commitments for private sources. Include documentation of commitment from all private and/or public lenders making loans to the project. Documentation shall include loan conditions and terms (amount, interest rate, term & security required).

I have reviewed the Village of Kekoskee Revolving Loan Fund Plan and Lending Guidelines and am therefore aware of the general requirements of this program. I also certify that the information supplied on this application form and all other supplemental information, submitted for review by the Loan Review Committee, for this loan is accurate and complete.

\_\_\_\_\_ is authorized to obtain a credit check on the applicant, the business and/or the individual(s) with controlling ownership interest (20% or more).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (Print or Type)

\_\_\_\_\_  
Name (Print or Type)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date



**U.S. DEPARTMENT OF AGRICULTURE**

---

**Certification Regarding Debarment, Suspension, Ineligibility  
and Voluntary Exclusion - Lower Tier Covered Transactions**

---

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 7 CFR Part 3017, Section 3017.510, Participants' responsibilities. The regulations were published as Part IV of the January 30, 1989, Federal Register (pages 4722-4733). Copies of the regulations may be obtained by contacting the Department of Agriculture agency with which this transaction originated.

**(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS ON REVERSE)**

- (1) The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
- (2) Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

---

Organization Name

---

PR/Award Number or Project Name

---

Name(s) and Title(s) of Authorized Representative(s)

---

Signature(s)

---

Date

## Instructions for Certification

1. By signing and submitting this form, the prospective lower tier participant is providing the certification set out on the reverse side in accordance with these instructions.
2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
3. The prospective lower tier participant shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
4. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.
5. The prospective lower tier participant agrees by submitting this form that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
6. The prospective lower tier participant further agrees by submitting this form that it will include this clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List.
8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

Position 3

USDA  
Form RD 400-4  
(Rev. 11-17)

**ASSURANCE AGREEMENT**  
(Under Title VI, Civil Rights Act of 1964)

FORM APPROVED  
OMB No. 0575-0018  
OMB No. 0570-0062

The

---

(name of recipient)

---

(address)

As a condition of receipt of Federal financial assistance, you acknowledge and agree that you must comply (and require any subgrantees, subrecipients, contractors, successors, transferees, and assignees to comply) with applicable provisions of national laws and policies prohibiting discrimination, including but not limited to:

1. Title VI of the Civil Rights Act of 1964, as amended, which prohibits you from discriminating on the basis of race, color, or national origin (42 U.S.C. 2000d et seq.), and 7 CFR Part 15, 7 CFR 1901, Subpart E.

As clarified by Executive Order 13166, Improving Access to Services for Persons with Limited English Proficiency, and resulting agency (Rural Housing Service, Rural Business and Cooperative Service, and Rural Utilities Service) guidance, national origin discrimination includes discrimination on the basis of limited English proficiency (LEP). To ensure compliance with Title VI, you must take reasonable steps to ensure that LEP persons have meaningful access to your programs [in accordance with USDA RD LEP Guidance for RD Funded (Assisted) Programs]. Meaningful access may entail providing language assistance services, including oral and written translation, where necessary. You are encouraged to consider the need for language services for LEP persons served or encountered both in developing your budgets and in conducting your programs and activities. For assistance and information regarding your LEP obligations, go to <http://www.lep.gov>;

2. Title IX of the Education Amendments of 1972, as amended, which prohibits you from discriminating on the basis of sex in education programs or activities (20 U.S.C. 1681 et seq.) [as implemented by 7 CFR Part 15, 7 CFR 1901, Subpart E];

3. The Age Discrimination Act of 1975, as amended, which prohibits you from discriminating on the basis of age (42 U.S.C. 6101 et seq.) [as implemented by 7 CFR Part 15, 7 CFR 1901, Subpart E];

4. Section 504 of the Rehabilitation Act of 1973, as amended, which prohibits you from discriminating on the basis of disability (29 U.S.C. 794) [as implemented by 7 CFR Part 15, 7 CFR Part 15b, 7 CFR 1901, Subpart E];

5. Title VIII of the Civil Rights Act, which prohibits you from discriminating in the sale, rental, financing, and advertising of dwellings, or in the provision of services in connection therewith, on the basis of race, color, national origin, religion, disability, familial status, and sex (42 U.S.C. 3601 et seq.), as implemented by the Department of Housing and Urban Development at 24 CFR part 100. The prohibition on disability discrimination includes the requirement that new multifamily housing with four or more dwelling units, i.e., the public and common use areas and individual apartment units (all units in buildings with elevators and ground-floor units in buildings without elevators) be designed and constructed with certain accessible features, see 24 CFR Part 100.201; and

6. Titles II and III of the Americans with Disabilities Act, which prohibit you from discriminating on the basis of disability in the operation of public entities, public and private transportation systems, places of public accommodation, and certain testing entities (42 U.S.C. §§ 12131-12189), as implemented by Department of Justice regulations at 28 C.F.R. parts 35 and 36, and 7 CFR Part 15, 7 CFR Part 15b, 7 CFR 1901, Subpart E.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0575-0018. The time required to complete this information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

You also acknowledge and agree that you must comply (and require any subgrantees, subrecipients, contractors, successors, transferees, and assignees to comply) with applicable provisions governing USDA Rural Development (Rural Housing Service, Rural Business and Cooperative Service, and Rural Utilities Service) access to records, accounts, documents, information, facilities, and staff:

1. You must cooperate with any compliance review or complaint investigation conducted by USDA Rural Development (Rural Housing Service, Rural Business and Cooperative Service, and Rural Utilities Service).
2. You must give USDA Rural Development (Rural Housing Service, Rural Business and Cooperative Service, and Rural Utilities Service) access to and the right to examine and copy records, accounts, and other documents and sources of information related to the grant and permit access to facilities, personnel, and other individuals and information as may be necessary, as required by Title VI, Title IX, Age, and Section 504 implementing regulations and other applicable laws or program guidance.
3. You must keep such records and submit to the responsible Department official or designee timely, complete, and accurate compliance reports at such times, and in such form and containing such information, as the responsible Department official or his designee may determine to be necessary to ascertain whether you have complied or are complying with relevant obligations.
4. You must comply with all other reporting, data collection, and evaluation requirements, as prescribed by law or detailed in program guidance.
5. Make available to users, participants, beneficiaries and other interested persons such information regarding the provisions of this agreement and the regulations, and in such manner as the Rural Development or the U.S. Department of Agriculture finds necessary to inform such persons of the protection assured them against discrimination.
6. If, during the past three years, you (the recipient) have been accused of discrimination on the grounds of race, color, national origin (including limited English proficiency), sex, age, disability, religion, or familial status, you must provide a list of all such proceedings, pending or completed, including outcome and copies of settlement agreements.
7. In the event any court or administrative agency makes a finding of discrimination on grounds of race, color, national origin (including limited English proficiency), sex, age, disability, religion, or familial status against you, or you settle a case or matter alleging such discrimination, you must forward a copy of the complaint and findings to USDA Rural Development (Rural Housing Service, Rural Business and Cooperative Service, and Rural Utilities Service), Office of Civil Rights.

The United States has the right to seek judicial enforcement of these obligations.

You also acknowledge and agree that you must comply (and require any subgrantees, subrecipients, contractors, successors, transferees, and assignees to comply) with applicable provisions of program-specific nondiscrimination policy requirements found at CFR Part 15, 7 CFR Part 15 b, 12 CFR Part 202, 7 CFR 1901, Subpart E., DR4300-003, DR4330-0300, DR4330-005.

#### **Period of Obligation**

In the case of any service, financial aid, covered employment, equipment, property, or structure provided, leased, or improved with federal assistance extended to the Recipient by Rural Development (Rural Housing Service, Rural Business and Cooperative Service, and Rural Utilities Service), this assurance obligates the Recipient for the period during which federal assistance is extended. In the case of any transfer of such service, financial aid, equipment, property, or structure, this assurance obligates the transferee for the period during which federal assistance is extended. If any personal property is so provided, this assurance obligates the Recipient for the period during which it retains ownership or possession of the property. In all other cases, this assurance obligates the Recipient for the period during which the federal assistance is extended to the Recipient by Rural Development (Rural Housing Service, Rural Business and Cooperative Service, and Rural Utilities Service).

#### **Employment Practices**

Where a primary objective of the federal assistance is to provide employment or where the Recipient's employment practices affect the delivery of services in programs or activities resulting from federal assistance extended by Rural Development (Rural Housing Service, Rural Business and Cooperative Service, and Rural Utilities Service), the Recipient agrees not to discriminate on the grounds of race, color, national origin, sex, age, or disability, in its employment practices. Such employment practices may include, but are not limited to, recruitment, advertising, hiring, layoff or termination, promotion, demotion, transfer, rates of pay, training and participation in upward mobility programs; or other forms of compensation and use of facilities.

**Data Collection**

The Recipient agrees to compile and maintain information pertaining to programs or activities developed as a result of the Recipient's receipt of federal assistance from Rural Development (Rural Housing Service, Rural Business and Cooperative Service, and Rural Utilities Service). Such information shall include, but is not limited to the following: (1) the manner in which services are or will be provided and related data necessary for determining whether any persons are or will be denied such services on the basis of prohibited discrimination; (2) the population eligible to be served by race, color, national origin, sex, age, and disability; (3) data regarding covered employment including use or planned use of bilingual public contact employees serving beneficiaries of the program where necessary to permit effective participation by beneficiaries unable to speak or understand English; (4) the location of existing or proposed facilities connected with the program and related information adequate for determining whether the location has or will have the effect of unnecessarily denying access to any person on the basis of prohibited discrimination; (5) the present or proposed membership by race, color, national origin, sex, age and disability in any planning or advisory body which is an integral part of the program; and (6) any additional written data determined by Rural Development (Rural Housing Service, Rural Business and Cooperative Service, and Rural Utilities Service) to be relevant to the obligation to assure compliance by recipients with laws cited in this assurance agreement.

Under penalty of perjury, the undersigned officials certify that they have read and understand their obligations as herein described, that the information submitted in conjunction with this Document is accurate and complete, and that the recipient is in compliance with the nondiscrimination requirements set out above.

Rights and remedies provided for under this agreement shall be cumulative.

In witness whereof, \_\_\_\_\_ on this  
*(name of recipient)*

date has caused this agreement to be executed by its duly authorized officers and its seal affixed hereto, or, if a natural person, has hereunto executed this agreement.

(SEAL)

\_\_\_\_\_  
*Recipient*

\_\_\_\_\_  
*Date*

Attest:

\_\_\_\_\_  
*Title*

\_\_\_\_\_  
*Title*

# Federal Employer Identification Number

This information is from:

<https://www.irs.gov/businesses/small-businesses-self-employed/how-to-apply-for-an-ein>

***Applying for an Employer Identification Number (EIN) is a free service offered by the Internal Revenue Service. Beware of websites on the Internet that charge for this free service.***

***All EIN applications (mail, fax, electronic) must disclose the name and Taxpayer Identification Number (SSN, ITIN, or EIN) of the true principal officer, general partner, grantor, owner or trustor. This individual or entity, which the IRS will call the “responsible party,” controls, manages, or directs the applicant entity and the disposition of its funds and assets. Unless the applicant is a government entity, the responsible party must be an individual (i.e., a natural person), not an entity.***

## Apply Online

The [Internet EIN](#) application is the preferred method for customers to apply for and obtain an EIN. Once the application is completed, the information is validated during the online session, and an EIN is issued immediately. The online application process is available for all entities whose principal business, office or agency, or legal residence (in the case of an individual), is located in the United States or U.S. Territories.

## Apply by Fax

Taxpayers can fax the completed [Form SS-4 \(PDF\)](#) application to the appropriate fax number (see [Where to File Your Taxes \(for Form SS-4\)](#)), after ensuring that the Form SS-4 contains all of the required information. If it is determined that the entity needs a new EIN, one will be assigned using the appropriate procedures for the entity type. If the taxpayer's fax number is provided, a fax will be sent back with the EIN within four (4) business days.

## Apply by Mail

The processing timeframe for an EIN application received by mail is four weeks. Ensure that the [Form SS-4 \(PDF\)](#) contains all of the required information. If it is determined that the entity needs a new EIN, one will be assigned using the appropriate procedures for the entity type and mailed to the taxpayer. Find out where to mail Form SS-4 on the [Where to File Your Taxes \(for Form SS-4\)](#) page.

## Apply by Telephone – International Applicants

International applicants may call [267-941-1099](tel:267-941-1099) (not a toll-free number) 6 a.m. to 11 p.m. (Eastern Time) Monday through Friday to obtain their EIN. The person making the call must be authorized to receive the EIN and answer questions concerning the [Form SS-4 \(PDF\)](#), *Application for Employer Identification Number*. Complete the Third Party Designee section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of Form SS-4. The designee's authority terminates at the time the EIN is assigned and released to the designee. You must complete the signature area for the authorization to be valid.

## **Other Important Information**

### **Daily Limitation of an Employer Identification Number**

Effective May 21, 2012, to ensure fair and equitable treatment for all taxpayers, the Internal Revenue Service will limit Employer Identification Number (EIN) issuance to one per responsible party per day. This limitation is applicable to all requests for EINs whether online or by fax or mail. We apologize for any inconvenience this may cause.

### **Responsible Party**

In order to identify the correct individuals and entities applying for EINs, language changes have been made to the EIN process. Refer to Responsible Parties and Nominees to learn about these important changes before applying for an EIN.

### **Third Party Authorization**

The Third Party Designee section must be completed at the bottom of the Form SS-4. The Form SS-4 must also be signed by the taxpayer for the third party designee authorization to be valid. The Form SS-4 must be mailed or faxed to the appropriate service center. The third party designee's authority extends to "newly" assigned EINs only and terminates at the time the EIN is assigned and released to the designee.

### **Home-Care Service Recipient**

If you are a home-care service recipient who has a previously assigned EIN either as a sole proprietor or as a household employer, do not apply for a new EIN. Use the EIN previously provided. If you cannot locate your EIN for any reason, follow the instructions on the Lost or Misplaced Your EIN? webpage.

## **Obtaining a Data Universal Numbering System number (DUNS)**

We request that your organization obtain a DUNS number as preparation for doing business electronically with the Federal Government.

The DUNS number is a unique nine-character identification number provided by the commercial company Dun & Bradstreet (D&B). You may call D&B at 1-866-705-5711 to register and obtain a DUNS number. The process to request a DUNS number takes about 10 minutes and is **FREE of charge**. Please use the following instructions to navigate through the voice prompts:

1. Enter "4 (grant recipient) or 5 (loan recipient)" to register as a government loan/grant applicant and obtain a DUNS number
2. Enter "1" to at this point be connected with a service representative will answer, and suggest that you buy the Credit Builder Service. **This is not necessary to do business with the Government.** If you want to do business with other vendors outside the government, this is an optional service that allows you to do business using a line of credit.
3. You will likely be requested for the CFDA number of the program you are applying for. This can be obtained from your Rural Development office. You will be asked a series of questions similar to the following:
  - a) Name of business
  - b) Business address
  - c) Local phone number
  - d) Name of the CEO/business owner
  - e) Legal structure of the business (corporation, partnership, proprietorship)
  - f) Year business started
  - g) Primary line of business
  - h) Total number of employees (full and part time)

You may also register for your DUNS number at Dun & Bradstreet's web site:  
<http://fedgov.dnb.com/webform>

Follow the instructions on line. Please note that registration via the web site may take up to 14 business days to complete.

---

# NAICS LOOKUP HELP

---

<https://www.naics.com/search/>

---

## **How to Determine the Appropriate Code for Your Business:**

You can either determine your own code, as NAICS is a Self-assigned system, or [Click Here to Contact the Census Bureau](#). You can call them with your questions at 1-888-756-2427. *The Census Bureau is the authority in these matters.*

## **Here is some information on how to determine your Company's code using our free online tools!**

### **How do I get a NAICS Code? Has one been assigned to me?**

NAICS is a Self-Assigned System. Essentially what that means is you pick the code that best suits your business and use it when asked for your code. No one assigns you a NAICS Code!

### **Does My Business have a NAICS Code?**

Yes. As long as you have a business you must have a business activity. Your code merely describes your Primary and Secondary Income-Producing Lines of business.

### **Can I use more than one code?**

Yes. Most businesses have more than one revenue-producing line of business.

### **Do we have to Register with NAICS Association?**

No! We are just here to help you determine the best code for your business using our online tools, as well as to provide effective Targeted Marketing Lists and mission-critical Data-Appends to your Customer Databases.

### **How Do I use the Online Tools?**

The [Keyword Search](#) allows you to put in a single keyword such as "Restaurant" or "Plumbing", "Computers" or "Consulting", and returns all codes that contain that word in the title or in the description. Look through the results and you should find the answer. Whether you are a wholesaler of plumbing parts or are an actual plumbing company a keyword search on the term "Plumbing" will get you to the appropriate code. The [Industry Drill-Down](#) table allows you to hone in on Wider Industry Categories such as "Construction" or "Manufacturing" to find all of the full six digit codes that fall within that

Industry. Identify the code that appears closest to your line of business and you are finished.

### **What if I still can't find my code?**

Contact the Census Bureau! They are the official US Government Authority who manages the NAICS Coding System. Go to [www.Census.gov](http://www.Census.gov) and at the top highlight "Business" and click on "NAICS". They have a section called "Ask Dr. NAICS" at that location. You can Call or E-mail them with your questions. \*Please don't Call or E-mail NAICS Association requesting help with a code! We receive hundreds of calls daily and simply cannot make the code determination for you. The Census Bureau is the authority in these matters!

---

### **Keyword Search Tool Tips:**

**Tip 1:** If you sell any products online (such as Art, Jewelry, House Products, etc.), your NAICS code is 454110 - Electronic Shopping and Mail-Order Houses.

**Tip 2:** If you sell any products in person at informal locations such as Conventions, in home, or on the street, your NAICS code is 454390 - Other Direct Selling Establishments.

**Tip 3:** When using the keyword search use a single keyword such as dentist or events or pharmacy. If pharmacy doesn't work try the plural - pharmacies. Multiple words are too complex for the search engine in many cases.

**Tip 4:** Import/Export are not a part of the NAICS System. If you import or export you are most likely a Merchant Wholesaler.

**Tip 5:** If you sell commercial products you are a wholesaler even if you think you are a retailer. i.e. If you retail medical supplies or heavy equipment you are actually considered a wholesaler in the NAICS System.

**Tip 6:** For any type of rental, use the word "rental" in the keyword search and then look through the results for the correct one. Same for repair.

**Tip 7:** If you are an event planning company search on the term event.