## PROFILE OF NATIVE AMERICAN BUSINESS OWNERS

The Alabama Indian Affairs Commission (AIAC) has learned you are a Native American owned/operated small business OR farm/agribusiness. In an effort to improve and enhance business opportunities for your enterprise and others, please provide the following information and return this form to the address below or submit this form electronically.

Name of Business:				
Mailing Address (Street):				
City:	State:	Zip Code:	County:	
Web Site/Email Address:				
Business Phone (including Area Code):			Fax Number:	
Contact Person:	The state of	There was		
Name		Title	Phone Number (i	nclude area code)
Tribal Affiliation:		Saley 3		
Goods and/or Services produced/provided				
		20.		
11.11		1118		
Date Business Established:				
Type of Ownership: Corporation ( )	Partnership ( )	Individual ( ) Oth	er (specify) ( )	3
Type of Business/Farm:	11:11	The state of the s		_
				3.57
Number of Employees: _		Acre	ge:	
Licensed in Alabama? Yes ( ) No (	)	If yes, date of license:	8	
Business Bondable? Yes ( ) No (	)	If yes, list amount:		
Annual Gross Sales:	,			
		_		
Signature of Business Owner/CEO:			Date:	

**RETURN THIS FORM TO:** 

ALABAMA INDIAN AFFAIRS COMMISSION 771 SOUTH LAWRENCE STREET, STE 106 MONTGOMERY, AL 36104

Email: aiac@att.net
Web site: www.aiac.alabama.gov