

**APPLICANT
COMPANY**

Contact Numbers

Legal Business Name: _____ Phone: _____

dba name (if applicable): _____ Fax: _____

Address: _____ Cell: _____

City: _____ State _____ Zip _____

Primary Contact: _____ Email: _____

Type of Entity: Corporation (S-Corp C-Corp LLC)

Sole Proprietorship No. of Employees: _____ Existing: _____

General Partnership After this _____

Limited Partnership Financing: _____

Date _____ Date _____ Affiliates: _____

Established: _____ Incorporated: _____ State of Incorporation: _____

Employer Tax _____ Name of Franchise (if _____

I.D.: _____ applicable) _____

OWNERSHIP OF APPLICANT COMPANY

List below all owners, partners, and stockholders with 20% or more ownership interest

Name _____ Name _____

Title _____ Title _____

Address _____ Address _____

City, State, Zip _____ City, State, Zip _____

Telephone _____ Telephone _____

Percent of _____ Percent of _____

Social Security #: _____ Social Security #: _____

Name _____ Name _____

Title _____ Title _____

Address _____ Address _____

City, State, Zip _____ City, State, Zip _____

Telephone _____ Telephone _____

Percent of _____ Percent of _____

Social Security #: _____ Social Security #: _____

(If additional owners, please attach on separate sheet)

AFFILIATES

List below all business concerns in which the Applicant Company or any of the individuals listed in the Ownership section above have any ownership.

Name _____ Name _____

Individual Name _____ Individual Name _____

Address _____ Address _____

City, State, Zip _____ City, State, Zip _____

Telephone _____ Telephone _____

Percent of _____ Percent of Ownership _____

Ownership _____

(If additional affiliates, please attach on separate sheet)