

# **OWNERSHIP INFORMATION**

*PROPRIETOR/OWNER TYPE: (Fill in appropriate ownership section)*

## **Sole Proprietor**

First Name	Alternate or Cell Phone ( )
Last Name	Email
Address:                      City:                      State:                      Zip:	Fax ( )
Phone ( )	Signature

## **Partnership**

### **General Partner#1**

First Name	Alternate or Cell Phone ( )
Last Name	Email
Address:                      City:                      State:                      Zip:	Fax ( )
Phone ( )	Signature

### **General Partner#2**

First Name	Alternate or Cell Phone ( )
Last Name	Email
Address:                      City:                      State:                      Zip:	Fax ( )
Phone ( )	Signature

## **Corporation**

Corporation Name	Alternate or Cell Phone ( )
Address:                      City:                      State:                      Zip:	Fax ( )
Phone ( )	Email
President/CEO	Signature of Corporate Official
Name of Corporate Official	Official Title of Signatory

## **Non-Profit Organization**

Name of Non-Profit Organization	Alternate or Cell Phone ( )
Address:                      City:                      State:                      Zip:	Fax ( )
Phone ( )	Email
Organization President	Signature of Organization Official
Name of Organization Official	Official Title of Signatory

## **Limited Liability Company (LLC)**

Name of LLC	Email
Address:                      City:                      State:                      Zip:	Name of President
Phone ( )	Signature of Official
Alternate or Cell Phone ( )	Official Title of Signatory
Fax ( )	

**Limited Liability Partnership (LLP)**

**Member #1**

First Name	Alternate or Cell Phone ( )
Last Name	Email
Address:                      City:                      State:                      Zip:	Fax ( )
Phone ( )	Signature

**Member #2**

First Name	Alternate or Cell Phone ( )
Last Name	Email
Address:                      City:                      State:                      Zip:	Fax ( )
Phone ( )	Signature

**Government/Municipality**

Name of Agency	Email
Address:                      City:                      State:                      Zip:	Agency Official's Name
Phone ( )	Agency Official's Title
Alternate or Cell Phone ( )	Agency Official's Signature
Fax ( )	

**School (K-12)**

Name of School District	Fax ( )
Address:                      City:                      State:                      Zip:	Name of Superintendent
Phone ( )	Name of Signatory
Alternate or Cell Phone ( )	Title of Signatory
Email	Signature of Official