



Business Data Form

This form is designed to provide the Business Service Center with complete and accurate information about the business and its ownership. This ensures that the office has the necessary contact information when required.

Business Information:

1. Business Name: _____
2. Doing Business As (if different): _____
3. Business Ownership Type: Corporation LLC LLP LP Sole Proprietor (individual)
4. Federal ID# or SSN : _____ State Retail Sales #: _____
5. Business License #: _____
6. **SPECIFIC** business activity: _____
7. 2022 NAICS Code: _____ (see <http://www.census.gov/naics/> for assistance)
8. Local Business Phone: _____ Cell #: _____

Owner/Principal Information:

9. Owner/Principal(s) Name (*no corporate names*): _____
10. Driver's License #: _____ State: _____ DOB: _____
11. Home Address: _____
12. Mailing Address: _____
13. Work #: _____ Cell #: _____
14. Email: _____

Contact Information:

15. Name of person responsible for business license: _____
16. Title: _____
17. Work #: _____ Cell #: _____
18. Email: _____

Business Location Information:

19. Business Location (street, city, state, zip): _____
20. Mailing Address (street, city, state, zip): _____
21. Tax Map #: _____ Business Open Date: _____
22. If renting, Name and Address of Landlord: _____