

# Applicant Information

## APPLICANT COMPANY

Company Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Date Established \_\_\_\_\_ Name of Franchise (if Applicable) \_\_\_\_\_  
Federal Tax ID Number \_\_\_\_\_ Business Email/Website: \_\_\_\_\_  
How were you referred to this Certified Development Company? \_\_\_\_\_

- Type of Entity:
- Corporation "S" or "C"
  - Sole Proprietorship (d/b/a)
  - General Partnership
  - Limited Partnership
  - LLC (# of members): \_\_\_\_\_

## OWNERSHIP OF APPLICANT COMPANY

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

Name \_\_\_\_\_  
Title \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Telephone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
E-Mail \_\_\_\_\_  
Percent of Ownership \_\_\_\_\_  
Social Security #/Tax ID# \_\_\_\_\_

Name \_\_\_\_\_  
Title \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Telephone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
E-Mail \_\_\_\_\_  
Percent of Ownership \_\_\_\_\_  
Social Security #/Tax ID# \_\_\_\_\_

Name \_\_\_\_\_  
Title \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Telephone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
E-Mail \_\_\_\_\_  
Percent of Ownership \_\_\_\_\_  
Social Security #/Tax ID# \_\_\_\_\_

Name \_\_\_\_\_  
Title \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Telephone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
E-Mail \_\_\_\_\_  
Percent of Ownership \_\_\_\_\_  
Social Security #/Tax ID# \_\_\_\_\_

(If additional owners, please attach on a 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 \_\_\_\_\_  
Title \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Telephone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
E-Mail \_\_\_\_\_  
Percent of Ownership \_\_\_\_\_  
Social Security #/Tax ID# \_\_\_\_\_

Name \_\_\_\_\_  
Title \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Telephone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
E-Mail \_\_\_\_\_  
Percent of Ownership \_\_\_\_\_  
Social Security #/Tax ID# \_\_\_\_\_

(If additional affiliates, please attach on a separate sheet)