

Location/No. _____

**BUSINESS INFORMATION FORM
FOR REGISTRATION PURPOSES ONLY**

INSTRUCTIONS: PRINT NEATLY. Processing of your registration will be delayed if information is incomplete or cannot be read.

Company Name(s) _____

Company Location: _____
 Street _____ City _____
 _____ () _____
 State _____ Zip _____ Phone _____ Fax # _____

Person Primarily Responsible for Activity of the Business:

Name: _____ Position: _____
 Last First MI

Birth Date: _____ SSN: _____ Driver's License#: _____ State _____

Home Address: _____
 Street _____ City _____ State _____ Zip _____ Phone _____

Type of Business: _____ Federal Tax ID. #: _____ Length of Time in Business: _____

Check One: Corporation _____ Partnership _____ Individual Proprietorship _____

State of Incorporation _____ County registered _____

Liability Insurance &/or Bonded? _____ Yes _____ No
 (Circle One or Both if Applicable) Bond or Insurance Agency: _____ Phone#: () _____

_____(State) Workers Compensation Coverage of Employees? _____ Yes _____ No Risk#: _____

Has the Company operated under another name in _____(State) within the last 10 years? _____ Yes _____ No

Name(s) operated under? _____

Has the Company ever been a party in a business-related lawsuit(s)? _____ Yes _____ No
 (If yes, please explain on back of application, listing county in which action(s) was/were filed.)

Has the Company ever filed bankruptcy? _____ Yes _____ No District Court _____

Provide two (2) credit references (i.e. Businesses with which you have accounts, etc.)

1. _____ Account# _____ Phone: () _____

2. _____ Account# _____ Phone: () _____

Bank(s) with which you have your business and/or personal account(s)

1. _____ Account# _____ Phone: () _____

2. _____ Account# _____ Phone: () _____

The undersigned hereby authorizes and requests the above financial institutions and/or its officers or employees to furnish the Attorney General of _____(State) or authorized representative any and all information which (s)he may request with respect to the above financial accounts. Information is provided voluntarily for this registration.

Print Name: _____ Date: _____

Signature: _____ Title: _____