

**Part A: Business Owner Information**

**Business Owner Name:**

(Full Name)

**Organization Name:**

(Full Name)

**Business Name:**

(Full Name)

**Full Address:**

(Street Address)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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(City)

(County)

(State)

(Postal/Zip Code)

**Phone Number:**

<input type="text"/>	<input type="text"/>
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(Area Code)

(Phone Number)

**Fax Number:**

<input type="text"/>	<input type="text"/>
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(Area Code)

(Fax Number)

**E-Mail:**

**Tax ID #:**

**UEZ ID #:**

**Legal Structure:**

<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> LLC/LLP	<input type="checkbox"/> Non-Profit
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(Only Circle One)

**Ethnicity/Race**

(Optional)\*