

PART B – Owners, Investors, and Managing Directors (Cont'd)

Please list all Owners, Investors, and Managing Directors

Name and Residential Address			
First Name:	Middle Name:	Last Name:	Suffix:
Occupation:		Title in Applicant's business:	
Address:		Date of Birth:	
City:		State:	Zip Code:
Phone:	Email:	Fax:	
Percentage of ownership interest:			
Check all that apply: <input type="checkbox"/> African American <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Woman			
Name and Residential Address			
First Name:	Middle Name:	Last Name:	Suffix:
Occupation:		Title in Applicant's business:	
Address:		Date of Birth:	
City:		State:	Zip Code:
Phone:	Email:	Fax:	
Percentage of ownership interest:			
Check all that apply: <input type="checkbox"/> African American <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Woman			
Name and Residential Address			
First Name:	Middle Name:	Last Name:	Suffix:
Occupation:		Title in Applicant's business:	
Address:		Date of Birth:	
City:		State:	Zip Code:
Phone:	Email:	Fax:	
Percentage of ownership interest:			
Check all that apply: <input type="checkbox"/> African American <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Woman			
Name and Residential Address			
First Name:	Middle Name:	Last Name:	Suffix:
Occupation:		Title in Applicant's business:	
Address:		Date of Birth:	
City:		State:	Zip Code:
Phone:	Email:	Fax:	
Percentage of ownership interest:			
Check all that apply: <input type="checkbox"/> African American <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Woman			
Name and Residential Address			
First Name:	Middle Name:	Last Name:	Suffix:
Occupation:		Title in Applicant's business:	
Address:		Date of Birth:	
City:		State:	Zip Code:
Phone:	Email:	Fax:	
Percentage of ownership interest:			
Check all that apply: <input type="checkbox"/> African American <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Woman			