(7) Type of firm *(check all that apply)*:

- ❑ Sole Proprietorship
- ❑ Partnership
- ❑ Corporation
- ❑ Limited Liability Partnership
- ❑ Limited Liability Corporation
- ❑ Joint Venture
- ❑ Other, Describe: _____

(8) Has your firm ever existed under different ownership, a different type of ownership, or a different name?
❑ Yes ❑ No
If Yes, explain:

(9) Number of employees: Full-time _____ Part-time _____ Total _____

(10) Specify the gross receipts of the firm for the last 3 years: Year _____ Total receipts $ _____
Year _____ Total receipts $ _____
Year _____ Total receipts $ _____

## C. Relationships with Other Businesses

(1) Is your firm co-located at any of its business locations, or does it share a telephone number, P.O. Box, office space, yard, warehouse, facilities, equipment, or office staff, with any other business, organization, or entity?
❑ Yes ❑ No

If Yes, identify: Other Firm's name: _____
Explain nature of shared facilities:

| (2) At present, or at any time in the past, has your firm: | | |
|---|---|---|
| | (a) been a subsidiary of any other firm? | ❑ Yes ❑ No |
| | (b) consisted of a partnership in which one or more of the partners are other firms? | ❑ Yes ❑ No |
| | (c) owned any percentage of any other firm? | ❑ Yes ❑ No |
| | (d) had any subsidiaries? | ❑ Yes ❑ No |

(3) Has any other firm had an ownership interest in your firm at present or at any time in the past? ❑ Yes ❑ No

(4) If you answered "Yes" to any of the questions in (2)(a)-(d) and/or (3), identify the following for each *(attach extra sheets, if needed)*:

| | Name | Address | Type of Business |
|---|---|---|---|
| 1. | | | |
| 2. | | | |
| 3. | | | |

## D. Immediate Family Member Businesses

Do any of your immediate family members own or manage another company? ❑ Yes ❑ No
If Yes, then list *(attach extra sheets, if needed)*:

| | Name | Relationship | Company | Type of Business | Own or Manage? |
|---|---|---|---|---|---|
| 1. | | | | | |
| 2. | | | | | |