
# Business Owner Information Sheet

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| **PERSONAL INFORMATION** |
| NAME |
| ADDRESS (Number, Street, City, State, ZIP) |
| EMAIL | PHONE NUMBER |
| **BUSINESS INFORMATION** |
| FULL BUSINESS NAME |
| OWNERS FULL NAMES |
| BUSINESS ADDRESS (Number, Street, City, State, ZIP) |
| **BUSINESS INSURANCE INFORMATION** |
| INSURANCE POLICY NUMBER | NAME OF AGENT |
| INSURANCE COMPANY |
| MAILING ADDRESS (Number, Street, City, State, ZIP) |
| **REGULATORY AGENCY INFORMATION** |
| REGULATORY AGENCY LICENSE |
| MAILING ADDRESS (Number, Street, City, State, ZIP) |
| NAME OF AGENT | (SPACE INTENTIONALLY BLANK) |
| **CITY INFORMATION** |
| CITY ATTORNEY (Call the Clerk of the Court or County Sheriff to get this information) | CITY AGENCY ((Ex. New York City Law Department) |
| MAILING ADDRESS OF CITY AGENCY (Number, Street, City, State, ZIP) |
| **MAILING INFORMATION** |
| COUNTY ATTORNEY | COUNTY AGENCY |
| MAILING ADDRESS OF COUNTY AGENCY (Number, Street, City, State, ZIP) |
| **DOCUMENTATION** |
| 1. Have you ever been contacted by the Health Department?( ) YES ( ) NO(If you answered YES, do not send multiple emails with attachments. Return this form with corresponding attachments in one email only.)
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| 1. Have you received any fines or court summons from the Health Department and the City? ( ) YES ( ) NO

(If you answered YES, do not send multiple emails with attachments. Return this form with corresponding attachments in one email only.) |