

# 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.) | |
| 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.) | |