



Notification of Business Interest

Check here if this does not apply.

Business Identification

Business Name	Street Address
PO Box	City, State and Zip Code
Telephone & Fax	Taxpayer ID#

Type of Business Entity (Check one)

Corporation Partnership Sole Proprietorship Other _____

Describe Business Product or Service

Nature of Business Interest (complete those that apply)

Personal Ownership: _____	Percentage: _____
Related to Owner: _____	Relationship: _____
Employment: _____	Position: _____
Other: _____	Describe: _____
_____	_____
Print Name	Department
_____	_____
Signature	Date