Maplewood Business Owner Questionnaire

Business Name_____

Business Owner's Name_____

Business Address_____

_____

Business Phone_____

Business Fax_____

Business Owners Phone_____

Email Address_____

Describe Goods and/or Services Provided_____

_____

_____

_____

_____

Business Hours of operation_____

Federal Tax I.D. or Social Security #_____

Do you have a NJ Business Registration Certificate?_____

Does your business require a license? _____

License #, if applicable_____

How Many Employees work in the Business? _____

Is this a Minority-Owned Business? _____