



10. Type of ownership check which:

- Non-Profit Corporation
- Individual Proprietorship (Complete 11A)
- Corporation (Complete 11B)
- Partnership (Complete 11C)

11. Owner's name and address.

(a) If Individual proprietorship, give owner's name social security number and address:

Name: \_\_\_\_\_  
Social Security No.: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

(b) If corporate subsidiary, give name and address of parent company main office:

Name: \_\_\_\_\_  
Federal I.D. No.: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

(c) If partnership, association, or other unincorporated joint business venture, list names and address of partners, association, or members.

Name	SS# or Fed ID #	Street Address	City	State	Zip
_____					
_____					
_____					
_____					

Note: Throughout this questionnaire, wherever listings are requested – attach separate list of sufficient spaces have not been provided.

12. With reference to real estate properties located within the City on Mansfield:

(a) Does the business occupy, as a tenant, real property in Mansfield rented from others?  
If so, to whom is rent paid: (Give owner, if known, otherwise his agent.)  Yes  No

Name	SS# or Fed ID #	Street Address	City	State	Zip
_____					

13. Do you operate any other business within the City of Mansfield?  Yes  No

Note: Other business includes rental properties rented to others.

If you do, List those located within the City:

\_\_\_\_\_  
\_\_\_\_\_

So that further correspondence will not be necessary, we ask your cooperation in filing this form promptly.

THANK YOU