

Owner and Officer Information

- **Sole Proprietors** are required to provide information about the **Individual** who owns the business.
- **Partnerships & Limited Partnerships** are required to provide information about all the **Partners** of the organization.
- **Limited Liability Companies** are required to provide information about the organization's **Members**, and any other **shareholder(s)** with a major beneficial interest.
- **Corporations** are required to provide information about the organization's **President, Secretary**, and any other **shareholder(s)** with a beneficial interest.
- **Non-Profit Corporations** are required to provide information about the organization's **President and Secretary**.

Proof of identification may be required to complete the actual application.

Ownership %	Title <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partner <input type="checkbox"/> President <input type="checkbox"/> Managing Member <input type="checkbox"/> Other:			
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First Name	Middle Name	Last Name		
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Current Residential Address	Suite/Apt. #	City	State	ZIP Code
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Home Phone ()	Social Security Number - -	Date of Birth / /	Email Address	
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Ownership %	Title <input type="checkbox"/> Secretary <input type="checkbox"/> Partner <input type="checkbox"/> Managing Member <input type="checkbox"/> Other:			
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First Name	Middle Name	Last Name		
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Current Residential Address	Suite/Apt. #	City	State	ZIP Code
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Home Phone ()	Social Security Number - -	Date of Birth / /	Email Address	
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Ownership %	Title <input type="checkbox"/> Vice President <input type="checkbox"/> Member <input type="checkbox"/> Other:			
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First Name	Middle Name	Last Name		
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Current Residential Address	Suite/Apt. #	City	State	ZIP Code
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Home Phone ()	Social Security Number - -	Date of Birth / /	Email Address	
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Ownership %	Title <input type="checkbox"/> Treasurer <input type="checkbox"/> Member <input type="checkbox"/> Other:			
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First Name	Middle Name	Last Name		
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Current Residential Address	Suite/Apt. #	City	State	ZIP Code
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Home Phone ()	Social Security Number - -	Date of Birth / /	Email Address	
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Ownership %	Title <input type="checkbox"/> Shareholder <input type="checkbox"/> Other:			
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First Name	Middle Name	Last Name		
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Current Residential Address	Suite/Apt. #	City	State	ZIP Code
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Home Phone ()	Social Security Number - -	Date of Birth / /	Email Address	
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EXHIBITION SITE PLAN

Event: _____

Address: _____

City, State, Zip Code: _____

Owner/Operator: _____

