

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? _____