

## BUSINESS INFORMATION QUESTIONNAIRE

NAME OF COMPANY \_\_\_\_\_

PRINCIPAL OFFICE ADDRESS \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

FORM OF OWNERSHIP (Check One)

Corporation      State of Incorporation/Registration \_\_\_\_\_

Date of Incorporation/Registration \_\_\_\_\_

LLC

Joint Venture

Partnership:    If Partnership, select one of the following:  Limited    or     General

Individual

COMPANY HAS BEEN IN BUSINESS SINCE: \_\_\_\_\_

LIST OF PARTNERS, PRINCIPALS, CORPORATE OFFICERS OR OWNERS

Name	Title

LIST OF CORPORATE DIRECTORS

Name	Other Than Proposer Directorship

HAVE YOU HAD ANY CONTRACTS TERMINATED FOR DEFAULT OR OTHER PERFORMANCE REASONS?     Yes     No    If yes, explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**BUSINESS INFORMATION QUESTIONNAIRE CONTINUED**

ADDITIONAL INFORMATION REQUIRED BY THE AUTHORITY

LIST OF PRINCIPAL STOCKHOLDERS (i.e., those holding 5% or more of the outstanding stock)

<u>Name</u>	<u>Address</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

FINANCIAL DISCLOSURE/CONFLICTS OF INTEREST: Identify any contract(s), including any contract involving an employment or consulting relationship, which the firm, or its partners, principals, corporate officers or owners currently has with Detroit Wayne Mental Health Authority, or with any of its Board Members or Officers.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

LATEST CREDIT RATING (Specify if other than Dun and Bradstreet)

\_\_\_\_\_

I hereby certify that the foregoing business information is true, correct and complete to the best of (my/our) knowledge and belief:

\_\_\_\_\_  
(Name of Company)

By \_\_\_\_\_  
(Signature) Date

\_\_\_\_\_  
(Title)