PART B – Owners, Investors, and Managing Directors (Cont'd)

Please list all Owners, Investors, and Managing Directors

| Name and Residential Address | | | | | | | |
|--|--------------------------------|--------------------------------|------------------------------|---------|----------------|---------|--|
| First Name: Middle Name | | : Last Name: | | | Suffix: | | |
| Occupation: | | Title in Applicant's business: | | | | | |
| Address: | Date of Birth: | | | | | | |
| City: | | State: | | | Zip Code: | | |
| Phone: Email: | | | Fax: | | | | |
| Percentage of ownership interest: | | | | | | | |
| Check all that apply: □African American □ American Indian/Native American □ Asian □ Hispanic □ Woman | | | | | | | |
| Name and Residential Address | | | | | | | |
| First Name: Middle Na | | ame: | me: Last Name: | | | Suffix: | |
| Occupation: | | Title in Applicant's business: | | | | | |
| Address: | | Date of Birth: | | | | | |
| City: | | State: | State: | | Zip Code: | | |
| Phone: Email: | | | Fax: | | | | |
| Percentage of ownership interest: | | | | | | | |
| Check all that apply: □African American □ American Indian/Native American □ Asian □ Hispanic □ Woman | | | | | | | |
| Name and Residential Address | | | | | | | |
| First Name: Middle Na | | ame: | Last Name: | | | Suffix: | |
| Occupation: | Title in Applicant's business: | | | | | | |
| Address: Date of Birth: | | | | | | | |
| City: | | State: | | | Zip Code: | | |
| Phone: | Email: | Fax: | | | | | |
| Percentage of ownership interest: | | | | | | | |
| Check all that apply: □African American □ American Indian/Native American □ Asian □ Hispanic □ Woman | | | | | | | |
| Name and Residential Address | | | | | | | |
| First Name: | Middle N | e Name: Last Name: Suffix: | | | | Suffix: | |
| Occupation: | | Title in Applicant's bu | | | | | |
| Address: | | Date of Birth: | | | | | |
| City: | | State: | | Zip Cod | | e: | |
| Phone: | Email: | Email: | | Fax: | | | |
| Percentage of ownership interest: | | | | | | | |
| Check all that apply: □African American □ American Indian/Native American □ Asian □ Hispanic □ Woman | | | | | | | |
| Name and Residential Address | | | | | | | |
| First Name: | Middle N | Middle Name: Last Nam | | | e: Suffix: | | |
| Occupation: | | Title in Ap | tle in Applicant's business: | | | | |
| Address: | | Date of Birth: | | | | | |
| City: | | State: Zip | | Zip Cod | le: | | |
| Phone: | Email: | Email: | | Fax: | | | |
| Percentage of ownership interest: | | | | | | | |
| Check all that apply: □African American □ American Indian/Native American □ Asian □ Hispanic □ Woman | | | | | | | |