

BUSINESS INFORMATION FORM

NAME OF ENTITY: _____
(Exactly as it is to appear on the Contract/Agreement)

ENTITY ADDRESS: _____

CONTACT PERSON: _____ TITLE: _____

TELEPHONE NUMBER: (____) _____ EMAIL: _____

If Respondent is a subsidiary, state name of parent company: _____

All information provided herein must be as to Respondent (subsidiary) and not parent company.

FEDERAL I.D. NUMBER: _____

FORM OF ENTITY:

Corporation Limited Liability Company Partnership, General
 Partnership, Limited Joint Venture Sole Proprietorship

Is Entity registered to do business in the State of Florida? Yes No If yes, as of what date? _____

Number of years business has been in operation under current name: _____

Number of years business has had successful experience providing planning consultant services to governmental entities: _____

Please list all Subcontractors, Subconsultants, and Suppliers to be used in connection with performance of the Contract. (A Subconsultant Form shall be completed and included for each entity listed below):

Legal Entity Name #1: _____

Legal Entity Name #2: _____

Legal Entity Name #3: _____

Legal Entity Name #4: _____

Legal Entity Name #5: _____

Has the firm ever had a contract terminated (either as a prime contractor or sub-contractor), for failure to comply, breach, or default? Yes No (if yes, please enclose a detailed explanation on separate sheet)

Within the last five years, has any officer or partner of your organization ever been an officer or partner of any other organization that failed to complete a contract? Yes No (if yes, please enclose a detailed explanation on separate sheet)

Within the last five years, have you, any officer or partner of your organization, or the organization been involved in any litigation or arbitration against any other governmental entity in Florida? Yes No (if yes, please enclose a detailed explanation on separate sheet)

Have you, any officer or partner of your organization, or the organization been involved in any litigation or arbitration against the Palm Beach TPA? Yes No (if yes, please enclose a detailed explanation on separate sheet)

Authorized Agent Signature: _____

Authorized Agent Printed Name: _____ Date: _____