**C. Additional Agricultural Business Information**

*Ag Business 1*

|  |  |  |
| --- | --- | --- |
| 1. Ag Business ID \* | 2. FEIN *(from IRS)* \* | 3. Legal Business Name \* |
| 4. Trade Name/Doing Business As (DBA), if applicable § | 5. Previous DBA, if applicable § | 6. Previous DBA, if applicable § |
| 7. Address 1 \* | 8. Address 2 *(suite/floor and number)* § |
| 9. City \* | 10. State \* | 11. Postal code \* | 12. County \* |

*Ag Business 2*

|  |  |  |
| --- | --- | --- |
| 1. Ag Business ID \* | 2. FEIN *(from IRS)* \* | 3. Legal Business Name \* |
| 4. Trade Name/Doing Business As (DBA), if applicable § | 5. Previous DBA, if applicable § | 6. Previous DBA, if applicable § |
| 7. Address 1 \* | 8. Address 2 *(suite/floor and number)* § |
| 9. City \* | 10. State \* | 11. Postal code \* | 12. County \* |

*Ag Business 3*

|  |  |  |
| --- | --- | --- |
| 1. Ag Business ID \* | 2. FEIN *(from IRS)* \* | 3. Legal Business Name \* |
| 4. Trade Name/Doing Business As (DBA), if applicable § | 5. Previous DBA, if applicable § | 6. Previous DBA, if applicable § |
| 7. Address 1 \* | 8. Address 2 *(suite/floor and number)* § |
| 9. City \* | 10. State \* | 11. Postal code \* | 12. County \* |

**D. Additional Place of Employment Information**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **1. Ag Business ID \*** | **2. Place of Employment \*** | **3. Additional Place of Employment Information §** | **4. Begin Date §** | **5. End Date §** | **6. Total Workers §** |
|  | 1. Address 1
 |  |  |  |  |
| 1. Address 2 *(suite/floor and number)* §
 |
| 1. City
 | 1. State
 |
| 1. Postal Code
 | 1. County
 |
|  | 1. Address 1
 |  |  |  |  |
| 1. Address 2 *(suite/floor and number)* §
 |
| 1. City
 | 1. State
 |
| 1. Postal Code
 | 1. County
 |
|  | 1. Address 1
 |  |  |  |  |
| 1. Address 2 *(suite/floor and number)* §
 |
| c. City | d. State |
| e. Postal Code | f. County |
|  | 1. Address 1
 |  |  |  |  |
| 1. Address 2 *(suite/floor and number)* §
 |
| c. City | d. State |
| e. Postal Code | f. County |
|  | 1. Address 1
 |  |  |  |  |
| 1. Address 2 *(suite/floor and number)* §
 |
| c. City | d. State |
| e. Postal Code | f. County |

**E. Additional Housing Information**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **1. Type of Housing \*** | **2. Physical Location \*** | **3. Additional Housing Information §** | **4. Total Units \*** | **5. Total Occupancy \*** | **6. Inspection Entity \*** |
| ❑ Employer-provided❑ Rental or public accommodations |  |  |  |  | ❑ Local authority❑ SWA❑ Other State authority❑ Federal authority❑ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| ❑ Employer-provided❑ Rental or public accommodations |  |  |  |  | ❑ Local authority❑ SWA❑ Other State authority❑ Federal authority❑ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| ❑ Employer-provided❑ Rental or public accommodations |  |  |  |  | ❑ Local authority❑ SWA❑ Other State authority❑ Federal authority❑ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| ❑ Employer-provided❑ Rental or public accommodations |  |  |  |  | ❑ Local authority❑ SWA❑ Other State authority❑ Federal authority❑ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| ❑ Employer-provided❑ Rental or public accommodations |  |  |  |  | ❑ Local authority❑ SWA❑ Other State authority❑ Federal authority❑ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**For Public Burden Statement, see the Instructions for Form ETA-790/790A.**