

**ANTHONY INDEPENDENT SCHOOL DISTRICT
VENDOR QUESTIONNAIRE**

Questionnaire to Determine Principal Place of Business Under LGC 2252.002.Texas.

General Information:

1. Legal Name of Business: _____
2. Street Address: _____
3. Post Office Box (if any) or Mailing Address if different from question #2.

4. City: _____ State: _____ Zip: _____
5. Telephone Number: (_____) _____
6. Indicate whether or not your business is in the Anthony Independent School District area.
Yes _____ No _____ Unknown _____
7. Nature of Business (i.e., automobile dealer, electrical contractor, etc.):

8. Type of Business Organization (check one):
 Sole Proprietorship Other Legal Entity
 Partnership (general or limited) Corporation

Questions Related to Principal Place of Business:

1. In what state is your principal place of business? _____
2. In what state, if any, is your business incorporated? _____
3. If business is a corporation, furnish the name and address of the agent for service:

4. Is your business authorized to do business under the laws of the State of Texas? _____
5. Do you transact business in more than one state? _____
If so, list all states in which you transact business:

6. In what state are the majority of your activities conducted?

7. List the total gross sales of your business within the last two calendar years. \$ _____
8. In what State does your business earn the largest percentage of its revenues? _____
What percentage is earned in Texas? _____

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9. In what State is the largest percentage of the capital assets of your business located?

What percentage is located in Texas? _____

10. Give the address of your general offices where centralized control of your business is conducted? _____

11. In what State does the largest percentage of full-time equivalent employees of your business reside permanently? _____

What percentage resides permanently in Texas? _____

How many full-time equivalent employees reside permanently in Texas? _____

12. Give the name and residential address(es) of the officer(s), sole proprietor or partners of your business.

Vendor Representative Signature

Printed Name/Date

Printed Title