

**ATHLETE AGENT
EMPLOYER/PLACE OF BUSINESS
FORM**

APPLICANT'S PRINCIPAL PLACE OF BUSINESS (If you work alone, list your own name and address.)

Name of Principal Place of Business		
Address		
City	State	Zip Code
Mailing Address		
City	State	Zip Code
Business Telephone Number ()	Business Web Sites	
Nature of the Business		
Affiliated Social Media Accounts		
Business Organization Form (check one) <input type="checkbox"/> Individual Proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Association <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Other (Specify: _____)		

☞ LIST APPLICANT'S EMPLOYER (if different from above) or ADDITIONAL EMPLOYER/PLACE OF BUSINESS on the next page.

APPLICANT'S EMPLOYER (if different from above) or ADDITIONAL EMPLOYER/PLACE OF BUSINESS

This information must be provided for each business or employer. Attach additional pages as necessary.

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Mailing Address		
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Business Organization Form (check one)		
<input type="checkbox"/> Individual Proprietor	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership
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