**C. Additional Agricultural Business Information**

*Ag Business 1*

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

*Ag Business 2*

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

*Ag Business 3*

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

**D. Additional Place of Employment Information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **1. Place of Employment \*** | **2. Additional Place of Employment Information and crop and agricultural activity** \* | **3. Begin Date §** | **4. End Date §** | **5. 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 \*** |
| ❑ Employer-provided❑ Rental or public accommodations |  |  |  |  |
| ❑ Employer-provided❑ Rental or public accommodations |  |  |  |  |
| ❑ Employer-provided❑ Rental or public accommodations |  |  |  |  |
| ❑ Employer-provided❑ Rental or public accommodations |  |  |  |  |
| ❑ Employer-provided❑ Rental or public accommodations |  |  |  |  |

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