

**M.D. of Bighorn No. 8
Business Directory Questionnaire**

The following information is being collected by the M.D. to establish a Business Directory of local businesses for economic development purposes. Your participation is greatly appreciated. Please confirm or provide the following information.

1. Name of Business (please include both legal and operating names if appropriate):

2. Mailing Address (please include box number, postal station, street number, street name, suite number, community and postal code):

3. Street Address (if different than Mailing Address):

4. Primary Contact (please include salutation, first name, last name, and title):

5. Telephone number:

6. Fax number:

7. Web site address:

8. E-mail address:

9. Date of incorporation / years in business: _____

10. Number of Employees: Full time: _____ Part Time: _____

11. Please describe your Primary Business (please use reverse for more space):

12: Please describe any Secondary Businesses (please use reverse for more space):
