



City Business List Disclosure Form

The information submitted on this City Business Disclosure Form is a public record. It may be used to check for any ethical conflicts of interest or potential violations of CMC Chapter 119. The City of Cincinnati Law Department, Ethics & Good Government Division, may reach out to verify the accuracy and completeness of this information.

If the applicant for city business is an individual, a "**financially interested person**" means the applicant AND the applicant's spouse and dependent children.

If the applicant for city business is an entity, such as a limited liability company, corporation, partnership, trust, or unincorporated association, a "**financially interested person**" means (1) the entity itself; (2) the owners, members, or partners of such entity and their spouses and dependent children, provided that such owner, member, or partner owns or controls twenty percent or more of the entity; and (3) the directors and principal officers of such entity and their spouses.

Please contact the City of Cincinnati Office of Ethics & Good Government (513-352-4707 or Ethics@cincinnati-oh.gov) with any questions or to augment or edit a previous disclosure form.

City Business Disclosure Form

Applicant # 1 Name: _____

Applicant # 1 Phone: _____

Applicant # 1 Email: _____

Date Initiated with City of Cincinnati: _____

Brief Description of City Business: _____

Application # or Document # (if known): _____

Submitted to: City Planning Community & Economic Development Real Estate Other

Disclosed Entity

(Including Limited Liability Company, Corporation, Partnership, Trust, or Unincorporated Association)

Entity # 1 Name: _____

Entity # 1 Address: _____

Principal Agent(s): _____

Entity # 2 Name: _____

Entity # 2 Address: _____

Principal Agent(s): _____

Entity # 3 Name: _____

Entity # 3 Address: _____

Principal Agent(s): _____

Entity # 4 Name: _____

Entity # 4 Address: _____

Principal Agent(s): _____

Entity # 5 Name: _____

Entity # 5 Address: _____

Principal Agent(s): _____

Entity # 6 Name: _____

Entity # 6 Address: _____

Principal Agent(s): _____

Entity # 7 Name: _____

Entity # 7 Address: _____

Principal Agent(s): _____

Entity # 8 Name: _____

Entity # 8 Address: _____

Principal Agent(s): _____

Disclosed Individual

(Including Owners, Members, or Partners if they Own or Control Twenty Percent or More, their Spouses and their Dependent Children; Directors, Principal Officers, and their Spouses).

Individual # 1 Name: _____

Individual # 1 Address: _____

Email Address (If Known): _____

Job Title or Relationship: Owner Member Business Partner Director

Principal Officer Spouse Dependent Child

Individual # 2 Name: _____

Individual # 2 Address: _____

Email Address (If Known): _____

Job Title or Relationship: Owner Member Business Partner Director

Principal Officer Spouse Dependent Child

Individual # 3 Name: _____

Individual # 3 Address: _____

Email Address (If Known): _____

Job Title or Relationship: Owner Member Business Partner Director

Principal Officer Spouse Dependent Child

Individual # 4 Name: _____

Individual # 4 Address: _____

Email Address (If Known): _____

Job Title or Relationship: Owner Member Business Partner Director

Principal Officer Spouse Dependent Child

Individual # 5 Name: _____

Individual # 5 Address: _____

Email Address (If Known): _____

Job Title or Relationship: Owner Member Business Partner Director

Principal Officer Spouse Dependent Child

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Individual # 6 Name: _____

Individual # 6 Address: _____

Email Address (If Known): _____

Job Title or Relationship: Owner Member Business Partner Director
 Principal Officer Spouse Dependent Child

Individual # 7 Name: _____

Individual # 7 Address: _____

Email Address (If Known): _____

Job Title or Relationship: Owner Member Business Partner Director
 Principal Officer Spouse Dependent Child

Individual # 8 Name: _____

Individual # 8 Address: _____

Email Address (If Known): _____

Job Title or Relationship: Owner Member Business Partner Director
 Principal Officer Spouse Dependent Child

Individual # 9 Name: _____

Individual # 9 Address: _____

Email Address (If Known): _____

Job Title or Relationship: Owner Member Business Partner Director
 Principal Officer Spouse Dependent Child

Individual # 10 Name: _____

Individual # 10 Address: _____

Email Address (If Known): _____

Job Title or Relationship: Owner Member Business Partner Director
 Principal Officer Spouse Dependent Child

I hereby certify the information contained in this disclosure is accurate.

Applicant Signature

Date