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Personal Information

Name:	
Address, City, State, ZIP, County:	
Home Phone:	Cell Phone:
Email:	

Existing Business Information

Business Name:	
Address, City, State, ZIP:	
Phone:	EIN:
Entity type:	Formation date:
Resident Agent:	
Address:	
City, State, ZIP:	
Home Phone:	Email:

Existing Business Owner Information

Member/Shareholder/Partner Name:	Member/Shareholder/Partner Name:
Address:	Address:
City, State, ZIP:	City, State, ZIP:
Phone:	Phone:
Member/Shareholder/Partner Name:	Member/Shareholder/Partner Name:
Address:	Address:
City, State, ZIP:	City, State, ZIP:
Phone:	Phone:
Member/Shareholder/Partner Name:	Member/Shareholder/Partner Name:
Address:	Address:
City, State, ZIP:	City, State, ZIP:
Phone:	Phone:

New Business Information

1. What is the purpose or nature of your business? _____

_____

2. What would you like to name your business? _____
(Often the name you would like to choose is already taken.
Please list a few name options or variations for us to explore _____
together.)

3. Who will be involved in the business?
(Please include anyone who will be a member/shareholder/partner.)

Member/Shareholder/Partner Name:	Member/Shareholder/Partner Name:
Address:	Address:
City, State, ZIP:	City, State, ZIP:
Phone:	Phone:
Member/Shareholder/Partner Name:	Member/Shareholder/Partner Name:
Address:	Address:
City, State, ZIP:	City, State, ZIP:
Phone:	Phone:
Member/Shareholder/Partner Name:	Member/Shareholder/Partner Name:
Address:	Address:
City, State, ZIP:	City, State, ZIP:
Phone:	Phone: