

Appointment Date:	Time:	
BU	SINESS FORMATION INTAKE FORM	

	BUSINES	S FORMATION	INTAKE	FORM	
Full Legal Name					
Mailing Address:	·				
	Street or P.O. Box l				
-	City	State	Zip		County
Telephone: (Home	e)				
			, ,		
Email Address:				Is this a	work email?
Do you consent to	the transmission of	f confidential informated):	ition to you v	via email? Yes	No
What is the type Partnership	of business you wo	ould like to form?			
-	ability Partnership ((I I P)			
	ability Company (L	•			
S Corporat	• • • •	LC)			
C Corporat					
C Corpora					
Name of Business	s:				
Address of Busine	ess:				
	Street or P.O. Bo	ox Number			
	City		State	Zip	County
Telephone:	•	Email Addre		•	•
Turpose of Busine					
Name of Initial D	Registered Agent: _				
	-				
_	Street or P.O. Box l	Number			
-	City	State	Zip		County
	e)		(Work)		
• '			. ,		
` /					

Membership Information: Number of Members: _____ Chief Manager: Please identify all Members: Percentage: Address: Street or P.O. Box Number City State Zip County Percentage: _____ Address: Street or P.O. Box Number County City State Zip Percentage: _____ Address: Street or P.O. Box Number County City State Zip Percentage: _____ Address: Street or P.O. Box Number County City State Zip Percentage: _____ Address: _____ Street or P.O. Box Number Zip City State County Percentage: Address: Street or P.O. Box Number City State Zip County **Advisors:** Accountant: ____ Insurance Agent: _____ Were you referred by anyone? Yes _____ No ____ If yes, who? _ If not, how did you hear about us? Is it ok for us to thank the person who referred you? Yes _____ No _____

Business Assets (<i>Please list assets of the business which are currently owned by the business or will be transferred to the business after it is created</i>) (ex: real estate, personal property, bank accounts receivable, inventory, etc.):