

## **BUSINESS FORMATION INTAKE QUESTIONNAIRE**

Full Legal Name:				
S	Last	First	N	Maiden
Address:				
	, State, Zip			
Telephone:			Email:	
Social Security Num	ıber:	<del></del>	DOB:	
Education/Training:	☐ High School	ol □ College	☐ Trade School	☐ Graduate
Emergency Contac				
	Name	Relati	onship	Phone Number
<ul><li>□ Limited</li><li>□ General</li><li>□ Limited</li><li>□ Limited</li><li>□ Not Sur</li></ul>	oprietorship I Liability Compa I Partnership I Partnership I Liability Partner The — Would like to	rship o discuss at init		haasing a business entity:
2. Please chec	ck next to any issu	ies that are imp	ortant to you in c	hoosing a business entity:
	al Liability and A	sset Protection		
□ Simplic	_			
□ Tax Im	plications			
□ Ability	to sell or transfer	vour interest in	n the business	

3.	Business Name:			
	1 <sup>st</sup> Choice:			_
4.	D			_
	_			
	-			
5.	Telephone:		-	
6.	Email:			
7.	Primary Purpose of Busin	ness:		
8.	What is the desired finance	cial structure of the business?	? For-Profit	Non-Profit
9.	Desired effective date of	formation:		
10.	Ownership: Please list all	investors/owners.		
wne	r Name Add	ress Owners	ship Interest	Initial Contribution
		(14)		\$
				Ψ
				\$
				<b>*</b>
				\$
				<b>*</b>
				\$
11	D 41 41		1	
11.	•	any restrictions on transfers of	or sales of owner's	s interests?
		No		
12.	If yes, please describe:			

17.	In what state(s) will the business operate?
15.	Who will serve as the registered agent for the business?
16.	Will the business use trademarks or logos? If yes, please describe:
17.	Will your business require any special licenses (i.e. liquor, gambling, etc.) If yes, please describe:
18.	Will the business have its own bank account(s)? If yes, please identify the type of account and name of the institution where the accounts will be located (if known).
19.	Have you taken out any loans to pay for startup costs? If yes, please describe the nature of the loan and identify the institution that holds the loan.
20.	Does the business have an accountant? If yes, please provide name and contact information.
21.	Will all owners/members/partners manage the business or will a single member perform this duty?
22.	Who will be responsible for signing documents on behalf of the business?

	Will all owners/members/partners be able to enter into contracts, open and close accounts, deposi
	or withdraw funds, and engage the services of other professionals, or will a single member have these powers? If a single member or members, please identify.
	these powers: If a single member of members, please identity.
24.	
25.	
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ietly	describe the services the LLC will offer: