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BUSINESS FORMATION QUESTIONNAIRE

Your Name	Social Security No		
Address			
Email Address			
Phone (Home)	(Work)	(Cell)	
Name of spouse			
Name of the Corporation/LLC			
Fictitious name of Corporation	/LLC $/$ if not the same a	ıs above	
Address of the Corporation/Ll	LC if not the same as yo	urs	
Brief statement of type of servi	ces and/or business act	ivity	
If Corporation:			
A. President's name			
B. Treasurer'sname			
C. Secretary's name			
If LLC, Managing Agent			

Names and ownership interest of Shareholders or Partners			
Shareholders and Partners' percentage of ownership			
Do you require a restriction on transfer of ownership interest, a buyout or a dissolution agreement?			
Yes No If Yes, why?			
Will employment agreements be needed: Yes No If so, with whom?			
Will there be any lease of real estate, purchase or transfer? Yes No Explain:			
Are there any assets, contracts, loans, debt or obligations to be assumed by the new entity?			
YesNoExplain:			
Property to be transferred to the Corporation/ LLC			
Is a license required to engage in your business? If so, explain:			
Do you have a Will? Yes No			

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