

LEGALITY

BUSINESS INFORMATION

Name of Individual Completing Form:

Drivers License #:

State Where Issued:

Legal Name of Business:

DBA if Different:

Years in Business:

Business Address:

City:

State:

Zip:

Business Phone:

Fax Phone:

Email:

Cell Phone:

Type of Organization: Corp. Partnership Sole Proprietorship
 LLC Other:

Year Formed:

State:

Sales Tax #:

Federal EIN#:

Number of Owners:

Number of Stores:

