

BUSINESS REGISTRATION FORM

Business Name: _____

Type of Business: _____

Federal Employer Identification Number (EIN): _____

Business Address:

Street Address: _____

City: _____ State: _____

ZIP Code: _____

Owner(s) Information:

Full Name: _____

Social Security Number (SSN): _____

Address: _____

Phone Number: _____

Nature of Business / Industry:

Describe the main business activity: _____

Business Structure:

Select one:

- Sole Proprietorship
- Partnership
- Corporation
- Limited Liability Company (LLC)
- Other

Business Licenses and Permits:

List all applicable licenses and permit numbers:

Employment Information:

Number of employees: _____

Do you have workers' compensation insurance? (Yes / No): _____

Tax Information:

Have you obtained a state tax identification number? (Yes / No): _____

Sales tax permit number (if applicable): _____

Declarations and Acknowledgments:

- The information provided in this registration form is true and accurate to the best of my knowledge.
- I understand that submitting false information may result in penalties or denial of registration.
- I acknowledge that I am responsible for complying with all applicable federal, state, and local laws and regulations related to this business.
- I consent to receive official communications electronically where permitted by law.
- I understand that this registration does not authorize operation until all requirements are met and approvals granted.

AUTHORIZED SIGNATURE

Printed Name: _____

Title / Position: _____

Signature: _____

Date: _____

NOTARY PUBLIC

Printed Name: _____

Commission Expires: _____

Signature: _____

Date: _____

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