

Business Registration Form Template

Business Name and Address:


- Business Name: _____
- Business Address: _____
- City: _____ State: _____ Zip Code: _____
- Business Phone: _____
- Business Email: _____

Type of Business Entity:

- Sole Proprietorship
- Partnership
- Corporation
- LLC
- Non-Profit
- Other: _____

Principal Officers/Owners:

Name	Role	Contact Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



_____	_____	_____
_____	_____	_____
_____	_____	_____

Business Activities:

Federal Tax ID Number:

State Tax ID Number:

Date Business Began Operations:

Certification: I, _____,
certify that the above information is true and accurate to the best of my
knowledge.

Applicant's Signature:

Date: