

# Secretary of State Business Registration

State of [Your State]

## Business Details:

- Business Name: \_\_\_\_\_
- Principal Office Address: \_\_\_\_\_
- City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
- Business Phone: \_\_\_\_\_
- Business Email: \_\_\_\_\_

## Type of Business Entity:

- Corporation
- LLC
- Partnership
- Sole Proprietorship
- Non-Profit Organization
- Other: \_\_\_\_\_

## Principal Officers/Owners:

Name	Title	Contact Information
_____	_____	_____
_____	_____	_____
_____	_____	_____



_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Business Description:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Tax Identification Number:**

\_\_\_\_\_

**Business Start Date:**

\_\_\_\_\_

**Signature of Applicant:**

\_\_\_\_\_

**Date:**