



ROSS & ASSOCIATES

BUSINESS FORMATION AND FILINGS
YOUR BUSINESS SUCCESS IS OUR FIRST PRIORITY

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BUSINESS LICENSE RESEARCH PACKAGE ORDER FORM

State:

Company Type:

☐ LLC ☐ Corporation ☐ Individual/Partnership

CONTACT

Name:

Phone:

Email:

Mailing Address:

Mailing City:

Mailing State:

Mailing Zip:

COMPANY INFORMATION

Full Legal Business Name:

Is this a new Business?

☐ Yes ☐ No

Business Description: (be very specific)

Employees?

☐ Yes ☐ No

If Yes, How many?

All services are performed via remote online for your convenience

BUSINESS ADDRESS

Business address 1:

Business address 2:

City:

State:

Zip:

Is this a home-based business?

☐ Yes

☐ No

NOTES AND/OR COMMENTS