

WEBSTER & SCHELLI
A PROFESSIONAL CORPORATION

BUSINESS ORGANIZATION INFORMATION QUESTIONNAIRE

Please complete and download this questionnaire and bring it with you to your initial consultation

ENTITY NAME: _____

BUSINESS ADDRESS:
STREET ADDRESS _____

CITY, STATE, ZIP _____

COUNTY _____ PHONE _____

TYPE OF ENTITY: _____

BUSINESS ACTIVITY: _____

WAS BUSINESS ACQUIRED: YES _____ NO _____

DATE BUSINESS STARTED/ACQUIRED: _____

RETAIL SALES YES _____ NO _____

EMPLOYEES: YES _____ NO _____ EXPECTED _____
 if yes, HOW MANY _____ WHEN HIRED _____

BOARD OF DIRECTORS (*Corporations Only*):

NUMBER: _____

NAME(S) _____

MANAGEMENT (*Limited Liability Companies Only*): _____ MEMBER MANAGED _____

MANAGER MANAGED

OFFICERS:

PRESIDENT _____

VICE PRESIDENT _____

TREASURER _____

SECRETARY _____

SHAREHOLDER'S/PARTNERS/MEMBERS INFORMATION;

1. NAME _____
STREET ADDRESS _____
CITY, STATE, ZIP _____
COUNTY _____
PHONE _____
SOC. SEC. # _____
PERCENTAGE OWNED _____

2. NAME _____
STREET ADDRESS _____
CITY, STATE, ZIP _____
COUNTY _____
PHONE _____
SOC. SEC. # _____
PERCENTAGE OWNED _____

3. NAME _____
STREET ADDRESS _____
CITY, STATE, ZIP _____
COUNTY _____
PHONE _____
SOC. SEC. # _____
PERCENTAGE OWNED _____

4. NAME _____
STREET ADDRESS _____
CITY, STATE, ZIP _____
COUNTY _____
PHONE _____
SOC. SEC. # _____
PERCENTAGE OWNED _____

5. NAME _____
STREET ADDRESS _____
CITY, STATE, ZIP _____
COUNTY _____
PHONE _____
SOC. SEC. # _____
PERCENTAGE OWNED _____