



REQUEST TO FILE A CORPORATION

Applicant Information

Name:			
Date of birth:	SSN:	Phone:	
E-mail Address:			
Current address:			
City:	State:	ZIP Code:	
Owned Rented (Please circle)			How long?

BUSSINES INFORMATION

COMPANY'S NAME:

COMPANY'S ADDRESS:

What is the purpose to form a company? _____

What Types of Organizations and Structures would you like to form? _____

Write down the Full Name of all members of the company _____

Who is the President or Responsible Party of the company? _____

Does your business own a 55,000 pounds or greater highway motor vehicle? *Yes OR No (Please Circle)*

Does your business involve gambling/wagering? *Yes OR No (Please Circle)*

Does your business involve alcohol, tobacco or firearms? *Yes OR No (Please Circle)*

Does your business files 720(Quarterly Federal Excise Tax Return)? *Yes OR No (Please Circle)*

Does your business expect to have employees in the next 12 months? *Yes OR No (Please Circle)*

I/We authorize Open _____ to apply for the Filing Receipt, article of Organization and Federal Tax Id Number for the company mention above.

Signature of applicant: _____ Date: _____

Signature of co-applicant: _____ Date: _____