

BUSINESS REGISTRATION INTAKE FORM

PERSONAL INFORMATION (your personal information is secure)

Name

First Middle Initial Last

Social Security Number

Mailing Address

Street Address City State Zip Code

Phone Number / Email Address

Phone Number Personal Email Address Business Email Address

BUSINESS INFORMATION

Business Name

Business Physical Address

Street Address City State Zip Code

Social Media and Website

Instagram TikTok Website URL

PAYMENT INFORMATION

Please provide the payment information for any applicable government filing fees.

Credit/Debit Card Information

Card Number Exp Date CVC code Billing Zip Code

Type of Card

Visa MasterCard

LLC AND S-CORP CLIENTS ONLY – COMPLETE THE FOLLOWING

Service of Process – who will be your registered agent?

First Name Middle Initial Last Name

Service of Process Address

Street Address City State Zip

The LLC will be managed by: (select only one)

One Manager More than one manager All LLC Members

Type of Business

Describe the type of business or services of the LLC

Chief Executive Officer, if elected or appointed

First Name Middle Initial Last Name

Does any manager or Member have any outstanding final judgment issued by the Division of Labor Standards Enforcement or a court of law, for which no appeal therefrom is pending, for the violation of any wage order or provision of the Labor Code? Yes No