

## INFORMATION NEEDED TO START THE INCORPORATION PROCESS

Proposed name of organization:

1<sup>st</sup> choice \_\_\_\_\_ 2nd choice \_\_\_\_\_

Name and address of person(s) incorporating business

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Primary Incorporator Social Security Number: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Do you have an existing EIN #, if so; please list date, state and county applied in or registered.

Yes I have an EIN#; \_\_\_\_\_

Month: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_

The type of business \_\_\_\_\_

Is your business:  Nonprofit (501c3)  S Corporation  C Corporation

LLC Corporation  LP  Church  Other: \_\_\_\_\_

Describe your business and what services or programs your company/corporation is offering \_\_\_\_\_

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Name and address of Members or Organizers of LLC, this is if more than one person is going to be starting the LLC or if the organizer is going to have partners in the business.

- 1.
- 2.
- 3.

Name and address of Board of Directors (Please list at least (5) five members) if you are incorporating as a non-profit for 501(c) 3 status. If you need more space attached documents.

- 1.
- 2.
- 3.
- 4.
- 5.

Additional Comments \_\_\_\_\_

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