



**InfotaxSquare**  **com** <sup>®</sup>

Incorporate. LLC. Income Taxes. Business Taxes



Online Live Customer Support  
Available 24/7

TOLL FREE  
**1-866-754-4460**

FAX:  
**718-732-2471**

## RETAIL FOOD STORE LICENSE

Please complete the requested information below for your Retail Food Store License.  
Infotax Square representative will begin processing your order upon receipt of payment.

|  |  |
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|  |  |
|  |  |

### CONTACT INFORMATION

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Contact Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Fax Number (if any): (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_

### BUSINESS OVERVIEW

Entity or Individual Name: \_\_\_\_\_

DBA/Trade Name (if any): \_\_\_\_\_

Date of Formation: \_\_\_\_\_ (mm/dd/yyyy)

State of Formation: \_\_\_\_\_

Principal Office Address:  
(if different from above) \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

County: \_\_\_\_\_

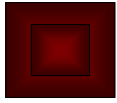
Federal ID Number or Sales Tax Vendor ID number: \_\_\_\_\_

Sole Proprietor / Individual Provide Social Security Number: \_\_\_\_\_

List all food at this location to be covered by this license. For example: shell eggs, refrigerated meat products, dairy products:

\_\_\_\_\_

\_\_\_\_\_



### OFFICERS / MEMBERS / INDIVIDUAL INFORMATION

If you are Individual, Partnership, LLP, Corporation or LLC Please enter Information for Each Officers, Member, Owner or Partner (if any need more please use a blank paper to fill in the information)

1. Name & Title: \_\_\_\_\_

Residence Address: \_\_\_\_\_

Date Took Office: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_

2. Name & Title: \_\_\_\_\_

Residence Address: \_\_\_\_\_

Date Took Office: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_

### ORDER INFORMATION

|                      |  |
|----------------------|--|
| <b>Total Amount:</b> |  |
|----------------------|--|

### CARDHOLDER INFORMATION

Check (payable to INFOTAX SQUARE): Mail to: 109-13 Centerville Street, Suite 3R, Ozone Park, NY 11417

CREDIT CARD: This authorizes Infotax Square to charge my credit card for Retail Food Store License.



Card Type:                      Visa                      Master Card                      American Express                      Discover

Name as it appears on card: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Phone, Fax: \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Country: \_\_\_\_\_

### General Comments / Instructions:

### TERMS OF USE AGREEMENT & DISCLAIMER ( Click Here For Online )

The undersigned hereby represents and warrant that he/she duly authorizes Infotax Square to charge his/her credit card for the above services rendered.

\_\_\_\_\_  
Name / Signature

**Official Use Only** - Prepared by: \_\_\_\_\_

**You can mail the form at:**

Infotax Square  
109-13 Centerville Street, Suite 3R  
Ozone Park, NY 11417

**Fax at: 718-732-2471**

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**\*Important: Please save the form before submitting**