

Food Processing Establishment License

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

CONTACT INFORMATION (This is where we will ship your documents)

First Name: _____
Last Name: _____
Address: _____
Suite/Apt: _____
City, State, Zip: _____
Phone: (____) _____ - _____
Fax: (____) _____ - _____

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 of all food preparation or processing activities at this location to be covered by this license: _____

OFFICERS / MEMBERS / INDIVIDUAL INFORMATION

If you are Individual, Partnership, LLP, Corporation or LLC Please enter Information for Each Officer, Member, Owner or Partner (if you need more space 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

	Total Amount:	
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CARDHOLDER INFORMATION

- Check (payable to INFOTAX SQUARE): Our Mailing Address <http://infotaxsquare.com/contact.html>
- CREDIT CARD: This authorizes Infotax Square to charge my credit card for filing Certificate of Incorporation.

Card Type: Visa Master Card American Express Discover

First Last Name: _____

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.

Free Consultation
 +1 (866)754 4460

 Name / Signature

Official Use Only	Prepared by: _____
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***Important: Please save the form before submitting**