

## 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.

### 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**

Total Amount:

**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: \_\_\_\_\_

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

Have a Question? Please contact our customer service department at 866-754-4460 or 516-822-3100, 516-822-3175.  
You may also email your questions to [info@infotaxsquare.com](mailto:info@infotaxsquare.com) or take advantage of our Live Chat option. Live Chat available 24/7