

Acct #s (office use) _____



Business Information Request

Legal Status: Sole Proprietor ___ Partnership ___ LLC ___ Corporation ___ Other _____

SSN/FEIN: _____ **Date Business Began in Portsmouth** _____

Est Gross Receipts through 12/31: _____ **Following Year Estimate:** _____

Legal Name of Business: _____

Trade Name or DBA: _____

Business Phone: _____ **Other Number:** _____

Bank Name: _____ **Email:** _____

Physical Address: _____

Mailing Address: _____

Description of Business Activities: _____

Names of Owners/Shareholders:

Name: _____ **Title:** _____

Home Address: _____

Telephone Number: (home) _____ (other) _____

Name: _____ **Title:** _____

Home Address: _____

Telephone Number: (home) _____ (other) _____

Registered Agent: _____

Address: _____

Telephone Number: _____ (other) _____

OATH, I THE UNDERSIGNED APPLICANT DO SWEAR (OR AFFIRM) THAT THE FOREGOING INFORMATION IS TRUE, FULL AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND THAT I UNDERSTAND THE TERMS OF ALL APPLICABLE LICENSES.

Signature: _____ **Title:** _____

Print Name: _____ **Date:** _____