

LLC QUESTIONNAIRE
(IF RESPONSES ARE HANDWRITTEN, PLEASE USE INK)

Name of Owner: _____
Address: _____

Phone Numbers: Home: _____
Work: _____
Mobile: _____

Email Address: _____
Social Security #: _____
% of Ownership: _____
Cash/Property Contribution: _____

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Phone Numbers: Home: _____
Work: _____
Mobile: _____

Email Address: _____
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% of Ownership: _____
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(Attach additional sheet(s) if necessary.)

General Description of Business: _____

Name of LLC: _____
Alternate Name: _____
Are you currently operating this business in another form? (sole proprietor, etc.) _____
Fax Number of LLC: _____ Phone Number: _____

Registered Agent (*person who will receive official correspondence regarding company*):

Registered Office Address (business address for Registered Agent): _____

Principal Business Office Location (*if different from Registered Office Address*): _____

Estimate highest number of employees in first year: _____
Are products sold to business or public: _____
Bank LLC will use: _____
Name of Accountant: _____

TODD A. STEWART, P.A.

Todd A. Stewart, Attorney-at-Law and Certified Public Accountant
SouthPark Towers • 6100 Fairview Road, Suite 510 • Charlotte, NC 28210
(704) 552-5160 • www.tstewartlaw.com
info@tstewartlaw.com