

DENTAL INCORPORATION QUESTIONNAIRE
(IF RESPONSES ARE HANDWRITTEN, PLEASE USE INK)

Name of Owner: _____
Address: _____

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

E-Mail Address: _____
NC Dental Board License #: _____
Social Security #: _____
% of Ownership: _____
Cash/Property Contribution: _____

Name of Owner: _____
Address: _____

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

E-Mail Address: _____
NC Dental Board License #: _____
Social Security #: _____
% of Ownership: _____
Cash/Property Contribution: _____

(If there are more than two owners, please attach additional sheet(s))

General Description of Practice: _____

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

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

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

Estimate highest number of employees in first year: _____
Bank corporation will use: _____
Name of Accountant: _____
Name of Officers: President: _____ Secretary: _____
Treasurer: _____

TODD A. STEWART, P.A.