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BUSINESS ENTITY INTAKE FORM

Please submit the following information to initiate a consultation with a firm attorney regarding establishing a business entity.

Prior to submitting information via this form, please review our web site terms and conditions which you can find at www.vanwil.com. By submitting information via this form, you acknowledge that you have read and agree to our web site terms and conditions. If you would like information about how to submit this form to us in a secure manner, please contact us at info@vanwil.com.

Note: If you need more space to complete the below questions, please feel free to attach additional sheets.

Your Full Legal Name: _____

Your Email Address: _____

Your Complete Mailing Address: _____

Your Primary Phone Number: _____ Cell Home Work

Your Secondary Phone Number: _____ Cell Home Work

Type of business desired (i.e., corporation, partnership, limited liability company, non-profit organization, association): _____

State in which you desire to form the business: _____

List any other states in which you want the business to be qualified to do business:

Desired effective date of formation of the business: _____ ASAP
_____ Other: _____

Desired name of business: _____

Alternate name of business (if first is not available): _____

Brief description of business activities (i.e., goods/services sold, profession, etc.):

Address of principal place of business: _____

Full legal name(s), address(es), social security number(s) of the owner(s)/member(s) of the business and their amount of shares, units or percentage of ownership:

1. _____
2. _____
3. _____

Full legal name(s) of all officers you wish to elect, if applicable, with their appropriate title next to their name (i.e., President, Vice President, Secretary, Assistant Secretary, Treasurer, etc.):

1. _____
2. _____
3. _____
4. _____

Full legal name(s) of all managers, if applicable:

1. _____
2. _____
3. _____
4. _____

Will the business operate under a trade name? Yes No

If Yes, what name and in what states: _____

Do you expect to have any employees within the next 12 months? Yes No

If Yes, list approximately how many _____
What date you expect to first pay any wages _____

After this document has been completed, please email it to info@vanwil.com or fax it to (402) 504-1935.