



GAP CONSULTING LLC

Business Startup: Intake Form

Name

Prefix _____

First _____ Middle _____

Last _____

Email _____ Phone _____

Address _____ Address _____

City _____ State / Province / Region _____

ZIP / Postal Code- _____

Business Information

Business Name

Please write the desired full legal business name including punctuation and the entity suffix (LLC, Inc., etc.) _____

Business Entity Type (circle one)

- Corporation
- Limited Liability Company (LLC)
- General Partnership
- Limited Partnership
- Limited Liability Partnership (LLP)
- Business DBA ("Assumed Name")

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PHONE 678-900-9983
WWW.GAPCONSULTINGATL.COM



GAP CONSULTING LLC



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The name the business goes by other than its legal name, if applicable (DBA) – “Doing Business As”

Business Address _____

Street Address _____

Address Line _____ City _____

State / Province / Region _____ ZIP / Postal Code _____

Country _____

Business Phone Number _____ Business Fax Number _____

Business Email Address _____ Business Website _____

Professional Organizations

Will this be a professional business organization? _____

If a business will primarily be offering professional services (those provided by doctors, dentists, veterinarians, engineers, architects, accountants, attorneys, etc.), it must be set up as a professional entity. (circle)

Yes

No

What type of professional services will be offered? _____

Business Owners and Officers

Please list each person's address and title in the business next to their name.

_____	_____
_____	_____
_____	_____
_____	_____





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Registered Agent

The registered agent may be any owner or officer of the company.

Name (First, Last) _____

Registered Office Address

The registered office may be any physical address in your state (not a P.O. Box).

Street Address _____

City _____

State/Zip _____

Date Business Started

Approximate date the business started or will start at this location

Business Activities

General description of what the business does, or which industry it is in.





GAP CONSULTING LLC

Products Sold

Products sold in your state, if applicable.

- _____
- _____
- _____
- _____

Other

Does the business have employees? Please list how many employees the business has below:

Yes

No

