

InfotaxSquare **com** [®]

Incorporate. LLC. Income Taxes. Business Taxes



Online Live Customer Support
Available 24/7

TOLL FREE
1-866-754-4460

FAX:
718-732-2471

FOOD PROCESSING ESTABLISHMENT LICENSE

Please complete the requested information below for your Retail Food Processing Establishment License. Infotax Square representative will begin processing your order upon receipt of payment.

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

CONTACT INFORMATION

First Name: _____

Last Name: _____

Contact Address: _____

City, State, Zip: _____

Telephone Number: (____) _____ - _____

Fax Number (if any): (____) _____ - _____

Email Address: _____

BUSINESS OVERVIEW

Entity or Individual Name: _____

DBA/Trade Name (if any): _____

Date of Formation: _____ (mm/dd/yyyy)

State of Formation: _____

Principal Office Address:
(if different from above) _____

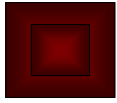
City, State, Zip: _____

County: _____

Federal ID Number or Sales Tax Vendor ID number: _____

Sole Proprietor / Individual Provide Social Security Number: _____

List of all food preparation or processing activities at this location to be covered by this license: _____



OFFICERS / MEMBERS / INDIVIDUAL INFORMATION

If you are Individual, Partnership, LLP, Corporation or LLC Please enter Information for Each Officer, Member, Owner or Partner (if you need more space please use a blank paper to fill in the information)

1. Name & Title: _____

Residence Address: _____

Date Took Office: _____ Date Of Birth: _____

2. Name & Title: _____

Residence Address: _____

Date Took Office: _____ Date Of Birth: _____

ORDER INFORMATION

Total Amount:	
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CARDHOLDER INFORMATION

Check (payable to INFOTAX SQUARE): Mail to: 109-13 Centerville Street, Suite 3R, Ozone Park, NY 11417

CREDIT CARD: This authorizes Infotax Square to charge my credit card for Retail Food Establishment License.



Card Type: Visa Master Card American Express Discover

Name as it appears on card: _____

Billing Address: _____ City, State, Zip _____

Phone, Fax: _____

Card Number: _____ Expiration Date: _____

Country: _____

General Comments / Instructions:

TERMS OF USE AGREEMENT & DISCLAIMER (Click Here For Online)

The undersigned hereby represents and warrant that he/she duly authorizes Infotax Square to charge his/her credit card for the above services rendered.

Name / Signature

Official Use Only - Prepared by: _____

You can mail the form at:

Infotax Square
109-13 Centerville Street, Suite 3R
Ozone Park, NY 11417

Fax at: 718-732-2471

***Important: Please save the form before submitting**