Top of Form

Bottom of Form

|  |  |
| --- | --- |
| LLC Startup Application | (Fill in grey fields) |

A) Is your business for profit? Mark with “X”

|  |  |
| --- | --- |
|  | Yes |
|  | No |

Bottom of Form

B) Is this business a professional firm? (Examples: Accounting, Law, Medicine & Surgery, Landscape Architecture, and Psychology.) Mark with “X”

|  |  |
| --- | --- |
|  | Yes |
|  | No |

C) Please provide 3 business name options you would like to file you business under, starting with your first preference

1)

2)

3)

D) Choose a designation to follow your business name: Mark with “X”

|  |  |
| --- | --- |
|  | LLC |
|  | L.L.C. |
|  | L. L. C. |
|  | Limited Liability Company |
|  | LIMITED LIABILITY COMPANY |

ORGANIZERS: All personal with official ownership in the company, must be at least 18 years old.

|  |
| --- |
| E1: |
| Full Name: First, Middle, Last |
|  |
| Address including city and zip |
| E2: |
| Full Name: First, Middle, Last |
|  |
| Address including city and zip |
| E3: |
| Full Name: First, Middle, Last |
|  |
| Address including city and zip |
| E4: |
| Full Name: First, Middle, Last |
|  |
| Address including city and zip |
| E5: |
| Full Name: First, Middle, Last |
|  |
| Address including city and zip |

F1)

Name of a member who will receive legal mail (This person will serve as the Register Agent)

F2)

Mailing Address *Not a PO Box* (Only complete if different than address above)

F3)

Business Phone Number

G)

Email Address

H)

Broad description of business (Retail, Cleaning Service, Consulting, Personal Services, etc…)

I) **OPTIONAL:** Please check all the groups that apply to you. Mark with “X”

|  |  |
| --- | --- |
|  | Woman |
|  | Member of a community of color |
|  | Veteran |
|  | Member of disability community |
|  | Member of immigrant community |

J)

First 5 of Social Security Number (If applying for EIN)

\*By emailing this form back [info@motleybusinessgroup.com](mailto:info@motleybusinessgroup.com) I am authorizing Motley Business Group LLC to file for my business under the laws of my state and submit for an EIN for my company.