

NEW BUSINESS STARTUP CHECKLIST

- **Name of Principal Officer, General Partner, Owner or Member**

_____ SSN: _____

Partner(s) Information:

- **Name:** _____ **SSN:** _____

- **Name:** _____ **SSN:** _____

- **Name:** _____ **SSN:** _____

- **Name:** _____ **SSN:** _____

- **Type of Business: (What will this business be doing?)** _____

- **Entity (Corporation or LLC):** _____

- **Business Name Request:**

1ST Choice _____ **2ND Choice** _____

- **Business Start Date:** _____

- **Personal Address:** _____

- **Email Address:** _____

- **County & State:** _____

- **Business Address:** _____

- **Telephone #:** _____

WORKMANS COMP POLICY MUST BE OBTAINED BEFORE

WE CAN SET UP ACCOUNT FOR PAYROLL

- **Employees? Hired/#:** _____ **Payroll Start Date:** _____

- **Workmans' Comp Policy #:** _____

- **Insurance Agency Name:** _____