

# GOTHARD WATERS

ATTORNEYS AT LAW

190 South Lowe Avenue • PO Box 806 • Cookeville, Tennessee 38503

Phone (931) 526-4045 • Facsimile (931) 526-4055

Appointment Date: \_\_\_\_\_ Time: \_\_\_\_\_

## **BUSINESS FORMATION INTAKE FORM**

**Full Legal Name:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

*Street or P.O. Box Number*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State*

\_\_\_\_\_  
*Zip*

\_\_\_\_\_  
*County*

Telephone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

(Cell) \_\_\_\_\_

Email Address: \_\_\_\_\_ Is this a work email? \_\_\_\_\_

Do you consent to the transmission of confidential information to you via email? Yes \_\_\_\_\_ No \_\_\_\_\_

Occupation/Employer (former if retired): \_\_\_\_\_

### **What is the type of business you would like to form?**

\_\_\_\_ Partnership

\_\_\_\_ Limited Liability Partnership (LLP)

\_\_\_\_ Limited Liability Company (LLC)

\_\_\_\_ S Corporation

\_\_\_\_ C Corporation

**Name of Business:** \_\_\_\_\_

Address of Business: \_\_\_\_\_

*Street or P.O. Box Number*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State*

\_\_\_\_\_  
*Zip*

\_\_\_\_\_  
*County*

Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Purpose of Business: \_\_\_\_\_

**Name of Initial Registered Agent:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

*Street or P.O. Box Number*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State*

\_\_\_\_\_  
*Zip*

\_\_\_\_\_  
*County*

Telephone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

(Cell) \_\_\_\_\_

Email Address: \_\_\_\_\_

Relationship to Business: \_\_\_\_\_

### **Membership Information:**

Number of Members: \_\_\_\_\_

Chief Manager: \_\_\_\_\_

Please identify all Members:

A. \_\_\_\_\_ Percentage: \_\_\_\_\_

Address: \_\_\_\_\_

*Street or P.O. Box Number*

\_\_\_\_\_  
*City State Zip County*

B. \_\_\_\_\_ Percentage: \_\_\_\_\_

Address: \_\_\_\_\_

*Street or P.O. Box Number*

\_\_\_\_\_  
*City State Zip County*

C. \_\_\_\_\_ Percentage: \_\_\_\_\_

Address: \_\_\_\_\_

*Street or P.O. Box Number*

\_\_\_\_\_  
*City State Zip County*

D. \_\_\_\_\_ Percentage: \_\_\_\_\_

Address: \_\_\_\_\_

*Street or P.O. Box Number*

\_\_\_\_\_  
*City State Zip County*

E. \_\_\_\_\_ Percentage: \_\_\_\_\_

Address: \_\_\_\_\_

*Street or P.O. Box Number*

\_\_\_\_\_  
*City State Zip County*

F. \_\_\_\_\_ Percentage: \_\_\_\_\_

Address: \_\_\_\_\_

*Street or P.O. Box Number*

\_\_\_\_\_  
*City State Zip County*

**Advisors:**

Accountant: \_\_\_\_\_

Insurance Agent: \_\_\_\_\_

Were you referred by anyone? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, who? \_\_\_\_\_

If not, how did you hear about us? \_\_\_\_\_

Is it ok for us to thank the person who referred you? Yes \_\_\_\_\_ No \_\_\_\_\_

**Business Assets** (*Please list assets of the business which are currently owned by the business or will be transferred to the business after it is created*) (ex: real estate, personal property, bank accounts, accounts receivable, inventory, etc.):

---

---

---

---

---

---

---

---