



SNAP-FOOD STAMP LICENSE

Please complete the requested information below for SNAP- FOOD STAMP LICENSE.

CONTACT INFORMATION

First Name: _____

Last Name: _____

Phone: (_____) _____

Email: _____

COMPANY INFORMATION

Store Name: _____

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

State of Formation: _____

Type of entity (encircle One)

- Corporation
- S-Corporation
- Single Member LLC
- Multi Member LLC
- Partnership
- Sole proprietor

Employer ID Number: _____

Address: _____

City, State, Zip: _____

County: _____

Yearly Sales: _____

Hours of Operation: _____

List of all Product sold in Store and Volume:



SHAREHOLDER/OFFICERS/MEMBERS INFORMATION

SHAREHOLDER 1

Full Name: _____

Social Security Number: _____ (999-99-9999)

Driver's License Number: _____ (Please Attach you Driver license with this form too)

Percentage of Ownership: _____

Date of Birth: _____

Residence Address: _____

City, State, Zip: _____

Phone, _____

SHAREHOLDER 2

Full Name: _____

Social Security Number: _____ (999-99-9999)

Driver's License Number: _____ (Please Attach you Driver license with this form too)

Percentage of Ownership: _____

Date of Birth: _____

Residence Address: _____

City, State, Zip: _____

Phone, _____

(if more shareholder please attach an extra sheet)



ITAXEXPERTS.COM

87 RIVERVIEW RD
JERSEY CITY, NJ 07305
Phone: 347-757-3636
Cell 201-965-5301
Fax: 212-537-0261
E-mail: tax@itaxexperts.com

I authorize ITAXEXPERTS.COM to Apply for SNAP- Food Stamp License and willing to pay \$ _____
(exclusive of State and county Fee).

^Please fill in Fee Amount as Mentioned in Fee Schedule. Or Fee Discussed with Accountant.

Name

Signature & Date

CREDIT CARD AUTHORIZATION

I hereby authorize ITAXEXPERTS.COM to use the following credit card to pay fees and charges:

Name on the Credit Card: _____

Credit Card Number: _____

CC Expiration Date: _____ Security (CSV) Code: _____

CC Billing Address: _____

City: _____ State: _____ Zip Code: _____

Signature of Card Holder _____

Notes:
