



# Beauty Salon License- Florida

Please complete the requested information below for Beauty Salon License.

## CONTACT INFORMATION

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

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

Suite/Apt: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

Fax: (\_\_\_\_\_) \_\_\_\_\_

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

## COMPANY INFORMATION

Name of Entity: \_\_\_\_\_

State of Formation: \_\_\_\_\_

EIN Number : \_\_\_\_\_

Date of Formation: \_\_\_\_\_ (mm/dd/yyyy)

License to be effective on: \_\_\_\_\_ (mm/dd/yyyy)

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

Suite/Apt: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

## SHAREHOLDER/OFFICERS/MEMBERS INFORMATION

### SHAREHOLDER 1

Full Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ (999-99-9999)



Percentage of Ownership: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Phone, \_\_\_\_\_

Fax: \_\_\_\_\_

*SHAREHOLDER 2*

Full Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ (999-99-9999)

Percentage of Ownership: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Phone, \_\_\_\_\_

Fax: \_\_\_\_\_

*(if more shareholder please attach an extra sheet)*

I authorize **ITAXEXPERTS.COM** to Apply for Beauty Salon 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