

**○** 725.324.7787 **⑥** 702.925.4676 **⑥** 725.324.8598

business@rossandassociatesmbsp.com

rossandassociatesmbsp.com

(9) 3172 N. Rainbow Blvd PMB 34263 Las Vegas, NV 89108

## BUSINESS LICENSE RESEARCH PACKAGE ORDER FORM

State:		
Company Type:		
☐ LLC ☐ Corporation ☐ Individual/Part	nership	
CONTACT		
Name:	Phone:	
Email:		
Mailing Address:		
Mailing City:	Mailing State:	Mailing Zip:
	J. Company	3 1
COMPANY INFORMATION		
Full Legal Business Name:		
Is this a new Business?  ☐ Yes ☐ No		
Business Description: (be very specific)		
Employees?  Yes No		
If Yes, How many?		

BUSINESS ADDRESS		
Business address 1:		
Business address 2:		
City:	State:	Zip:
Is this a home-based business?		
Tes [140		
NOTES AND/OR COMMENTS		
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