

NEW BUSINESS WORKSHEET

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USING THIS ORGANIZER WILL ASSIST US IN DESIGNING A BUSINESS PLAN THAT MEETS YOUR GOALS.
ALL INFORMATION PROVIDED IS STRICTLY CONFIDENTIAL.

PLEASE RETURN THE COMPLETED WORKSHEET TO OUR OFFICE PRIOR TO YOUR
APPOINTMENT VIA MAIL OR FAX.

OWNER'S PERSONAL INFORMATION

Owner #1

Full Legal Name _____
(name most often used to title property and accounts)

Also Known As _____
(other names used to title property and accounts)

Prefer to be called _____ Birth date _____ SS# _____ US Citizen? _____

Home Address _____ City _____ State _____ Zip _____

Home Telephone _____ Cell Number _____

Married: Date of Marriage _____ Divorced Widowed Single

#2. Full Legal Name _____
(name most often used to title property and accounts)

Also Known As _____
(other names used to title property and accounts)

Prefer to be called _____ Birth date _____ SS# _____ US Citizen? _____

Home Address _____ City _____ State _____ Zip _____

Home Telephone _____ Cell Number _____

Married: Date of Marriage _____ Divorced Widowed Single

#3. Full Legal Name _____
(name most often used to title property and accounts)

Also Known As _____
(other names used to title property and accounts)

Prefer to be called _____ Birth date _____ SS# _____ US Citizen? _____

Home Address _____ City _____ State _____ Zip _____

Home Telephone _____ Cell Number _____

Married: Date of Marriage _____ Divorced Widowed Single

#4. Full Legal Name _____
(name most often used to title property and accounts)

Also Known As _____
(other names used to title property and accounts)

Prefer to be called _____ Birth date _____ SS# _____ US Citizen? _____

Home Address _____ City _____ State _____ Zip _____

Home Telephone _____ Cell Number _____

Married: Date of Marriage _____ Divorced Widowed Single

BUSINESS INFORMATION

Name of Business _____

(Official/Primary Name of Business)

Also Known As [DBA] _____

Business Address _____ City _____ State _____ Zip _____

E-mail Address _____ Business Telephone _____

Web Address _____

If more than one location, please list the additional offices (the one above should be the principal office location)

Please briefly describe your business:

Did anyone advertise in order to get investors? yes no

Business Capitalization:

Owners of the Business

- (a) _____
(b) _____
(c) _____
(d) _____

Capitalization [Money or Property Contributed?]

- (a) _____
(b) _____
(c) _____
(d) _____

Can the business force an owner to make additional capital contributions? yes no

Is the business a type that may generate lawsuits or claims? yes no

If yes, please briefly describe:

Business Type: _____ Sole Proprietorship _____ Partnership _____ "S" Corp _____ "C" Corp _____ To be determined

BUSINESS INFORMATION

Business Ownership:

Ownership will be proportionate to capital contributions? yes no

If no please explain ownership structure: _____

Agent for Service of Process [Just list name only if information is provided above]

Full Legal Name _____

Birth date _____ SS# _____ US Citizen? _____

Address _____ City _____ State _____ Zip _____

Home Telephone _____ County of Residence _____

Do/will you conduct any business activities in states other than California? _____

If yes, please describe: _____

Will the business use any trademarks on the products it sells (or service marks on the service it sells)? yes no

Please describe : _____

Have you developed a business plan? yes no

If yes: (a) Please give us a copy

(b) Did anyone work with you in developing the plan? yes no

If no: We strongly encourage you to prepare a business plan, and we have some materials to help you do that.

Comments: _____

Who are the officers of the business?

(a) President/CEO: _____

(b) Secretary: _____

(c) Treasurer/CFO: _____

(d) Other: _____

BUSINESS INFORMATION

What is the maximum number of persons that will be employed in the business?

- (a) in the next 3 months? _____
- (b) in the next 12 months? _____
- (c) in the next 3 years? _____

How will the business be financed?

- (a) How much have the principal owners invested (e.g., cash, assets) _____

- (b) Is bank financing used? (How much? What kinds of loans? What security available?)

- (c) Has other financing been pursued? (e.g. other investors, SBIC loan, grants _____

- (d) Other comments: _____

Are all of the business owners employed full time with the business? yes no

For any that are not: (a) How active are they? (b) What are they contributing to the business? (c) What is a non-working owner's obligations to the business?

Can an owner sell his/her interest without restriction? yes no

What would happen if an owner became disabled? Would the disabled owner still receive a salary? Distributions? For how long?

What happens if an owner dies?

- The owner can will his/her interest to a spouse/child/heir?
- The surviving owner can purchase the interest? If not then to spouse/child/heir?
- Other _____

BUSINESS ADVISORS

Accountant

Name _____ Phone _____
Company Name _____ Title _____
Business Address _____ City _____ State _____ Zip _____
E-mail Address _____ Fax _____
Your relationship with this advisor? new long-term

Investment Advisor

Name _____ Phone _____
Company Name _____ Title _____
Business Address _____ City _____ State _____ Zip _____
E-mail Address _____ Fax _____
Your relationship with this advisor? new long-term

Life Insurance Agent

Name _____ Phone _____
Company Name _____ Title _____
Business Address _____ City _____ State _____ Zip _____
E-mail Address _____ Fax _____
Your relationship with this advisor? new long-term

Other

Name _____ Phone _____
Company Name _____ Title _____
Business Address _____ City _____ State _____ Zip _____
E-mail Address _____ Fax _____
Your relationship with this advisor? new long-term