



zakircpa.com

1506 Castle Hill Ave,
Bronx, NY 10462, United States

Phone: +1 929-207-1516
Phone: +1 929-207-1516

Email: support@zakircpa.com
Email: tax@zakircpa.com

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)



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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 Zakir CPA, PLLC 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