



[zakircpa.com](http://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](mailto:support@zakircpa.com)  
Email: [tax@zakircpa.com](mailto:tax@zakircpa.com)

# 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:

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# ZAKIR CPA PLLC

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## 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)



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I authorize Zakir CPA, PLLC 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 Zakir CPA, PLLC 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:

\_\_\_\_\_  
\_\_\_\_\_