

SHARRA WEAVER'S LICENSE SERVICE  
2760 N. 11TH STREET  
BEAUMONT, TX 77703-4608  
(409) 892-8700  
FAX: (409) 892-9270  
[Sharra@weaverslic.com](mailto:Sharra@weaverslic.com)  
[Lindsey@weaverslic.com](mailto:Lindsey@weaverslic.com)

Please fill out questions below and fax, email or drop by the office. If you have any questions at all please feel free to give either Sharra or Lindsey a call. We will be more than happy to assist you.

Trade-name: \_\_\_\_\_ Store # \_\_\_\_\_ Alt# \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Cell#: \_\_\_\_\_ Email: \_\_\_\_\_

**GENERAL INFORMATION**

Location: \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_  
Mailing Address \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_  
Property Owner \_\_\_\_\_  
Owner's Address/contact info \_\_\_\_\_  
Nearest Church/School? \_\_\_\_\_ Sales Tax Number \_\_\_\_\_

**ENTITY INFORMATION**

Entity Name: \_\_\_\_\_ EIN No.: \_\_\_\_\_  
Charter No.: \_\_\_\_\_ Date Issued: \_\_\_\_\_ Number Shares: \_\_\_\_\_

Officers & Stockholders:

Name: \_\_\_\_\_ Title \_\_\_\_\_ Amount of stock \_\_\_\_\_  
Name: \_\_\_\_\_ Title \_\_\_\_\_ Amount of stock \_\_\_\_\_  
Name: \_\_\_\_\_ Title \_\_\_\_\_ Amount of stock \_\_\_\_\_

Projected Monthly Sales: A/B\$ \_\_\_\_\_ Food\$ \_\_\_\_\_ Other\$: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Gas:  Y/N  Nearest Residence \_\_\_\_\_

Total Invest. \_\_\_\_\_ LOANS/Personal Funds \_\_\_\_\_

Lease info: Exp \_\_\_\_\_ Options: \_\_\_\_\_ Rent \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

Tentative opening Date \_\_\_\_\_ Bank Name: \_\_\_\_\_ Address: \_\_\_\_\_

# Cash Registers: \_\_\_\_\_ Hours: \_\_\_\_\_ Smoking inside: Y/ N

Will you sell Phone Cards: Y/N Do you have a humidior: Y/N Majority of customers over 18 yrs: Y/N