

Business Planning Questionnaire



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

IF POSSIBLE, PLEASE RETURN THE COMPLETED WORKSHEET TO OUR OFFICE PRIOR TO YOUR APPOINTMENT.

Identifying Information

Client Name and Contact Information:

Name: _____

Address: _____

Primary telephone: _____

Secondary telephone: _____

Email: _____

Business is a:

- Start-up
- Currently operational

Client role:

- The owner

- An owner (Number of owners: _____)
- The sole proprietor
- The business entity
- Select any of the following that apply:
 - A Director
 - An Officer
 - A Member
 - A Manager
 - A General Partner

Business Information

Business purpose:

- Investment company
- Professional services
- Other personal services
- Retail sales
- Franchise
- Real estate development
- Intellectual property development
- Gas, oil, or mineral extraction
- Owning property
- Other: _____

Will this be a family-controlled business? Yes No

Owner Information

Owner is an individual

OR

Owners are (check all that apply):

Individuals

- unrelated to other owners
- related to other owners

A For-Profit Organization

- A C corporation
- An S corporation
- A limited liability company
- A general partnership
- A limited liability partnership
- A limited partnership
- A limited liability limited partnership
- Other organization: _____

A nonprofit organization

A non-US citizen

A minor

A trust

Reason for Business Planning Inquiry

Creating new business

Changing existing business

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- Adding new owners
- Simplifying operations
- Adding new business
- Redistributing existing ownership interests
- Preparing for merger
- Moving business to new state _____
- Expanding into new state _____

Jurisdictions in which the business currently operates:

US Jurisdictions:

Foreign Jurisdictions:

Jurisdictions in which the business intends to operate:

US Jurisdictions:

Foreign Jurisdictions:

- Preparing for public offering
- Considering conversion to different entity type

Other: _____

Professional Advisors

Name

Personal Attorney _____

Accountant _____

Financial Advisor _____

Life Insurance Agent _____

How were you referred to our office? _____

Do you have any estate planning documents (Will/Trust)? _____

OTHER ITEMS TO INCLUDE OR DISCUSS: Please list any other items you want included or want to discuss:

THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT STUDENBERG LAW IS RELYING ON THIS INFORMATION FOR THE ADVICE IT GIVES ME, AND IF THERE IS ANY MATERIAL CHANGE IN MY ASSET COMPOSITION, VALUES, OR OTHER PERSONAL DATA DURING THE COURSE OF REPRESENTATION, I WILL NOTIFY STUDENBERG LAW.

Check if electronically signing

Signature

Print Name: _____

Dated: _____