

**DENTAL PLLC QUESTIONNAIRE**  
(IF RESPONSES ARE HANDWRITTEN, PLEASE USE INK)

Name of Owner: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Numbers: Home: \_\_\_\_\_

Work: \_\_\_\_\_

Mobile: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

NC Dental Board License #: \_\_\_\_\_

Social Security #: \_\_\_\_\_

% of Ownership: \_\_\_\_\_

Cash/Property Contribution: \_\_\_\_\_

Name of Owner: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Numbers: Home: \_\_\_\_\_

Work: \_\_\_\_\_

Mobile: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

NC Dental Board License #: \_\_\_\_\_

Social Security #: \_\_\_\_\_

% of Ownership: \_\_\_\_\_

Cash/Property Contribution: \_\_\_\_\_

*(Attach additional sheet(s) if necessary.)*

General Description of Practice: \_\_\_\_\_

\_\_\_\_\_

Name of PLLC: \_\_\_\_\_

Alternate Name: \_\_\_\_\_

Are you currently operating this business in another form? (sole proprietor, etc.) \_\_\_\_\_

Fax Number of PLLC: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Registered Agent (*person who will receive official correspondence regarding company*):

Registered Office Address (business address for Registered Agent): \_\_\_\_\_

Estimate highest number of employees in first year: \_\_\_\_\_

Bank PLLC will use: \_\_\_\_\_

Name of Accountant: \_\_\_\_\_

**TODD A. STEWART, P.A.**

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