

**INSTRUCTION SHEET FOR  
“AUTHORITY TO ORGANIZE”  
A DOMESTIC CORPORATION PURSUANT TO PART II, SECTION 901  
BUSINESS LICENSE REGULATIONS**

- 1) A proposed incorporator, director, or officer is considered an organizer of the proposed domestic corporation.
- 2) At least one or more individuals may act as organizers of a proposed domestic corporation.
- 3) Every organizer must submit a biographical affidavit which shall be accompanied or supported by at least two letters of reference written by sources not mentioned in the application as organizers.
- 4) Official Police Clearance from country of citizenship or last residency of at least three years is required of each Organizer.
- 5) No application for a “Business License” will be accepted if the proposed articles of incorporation for the proposed domestic corporation have been filed with the office of the Registrar of Corporations and a corporate charter was granted prior to filing the same documents with the Office of the Secretary of Commerce.
- 6) The Department of Commerce will not render a final review of an application that is incomplete of the required information. Normally, a preliminary review is undertaken to ascertain the completeness of an application with respect to all the information required to be submitted under section 1600 of the Business License Regulations.
- 7) Any result of a preliminary review will be issued in writing and addressed in letter form to the proposed President of the proposed domestic corporation.
- 8) If none of the proposed corporate directors or officers will be acting in the capacity of “Resident Manager” or “General Manager” or their equivalence, then the individual designated to act as such will be required to provide the same information required of an organizer under #3 above.
- 9) If more than 10% of the outstanding stock of the proposed domestic corporation are to be acquired by corporations, associations, or partnerships, such organizations must submit full disclosure of its principals, major stockholders, including their addresses and citizenships, its financial condition and a “good standing” certification issued by the country or state of its domicile.
- 10) It is highly recommended that all applications seeking “authority to organize” be submitted under a cover letter written on a bonafide office stationery of the legal counsel of the organizers which has the mailing address and telephone number(s) of the person to be of contact contained therein.

**BIOGRAPHICAL AFFIDAVIT**  
**(Print or Type)**

In connection with the application for "Authority to Organize" a corporation, I herewith make representation and supply information about myself as in hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER "NO" or "NONE", SO STATE.

1) Affiant's full name (initials NOT ACCEPTABLE).  
\_\_\_\_\_

2) a) Have you ever had your name changed? \_\_\_\_\_ If yes, give the reason for change.  
\_\_\_\_\_

b) Other names used at any time. \_\_\_\_\_

3) Affiant's Social Security Number: \_\_\_\_\_

4) Date and place of birth: \_\_\_\_\_  
\_\_\_\_\_

5) Affiant's address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

6) List your residence for the last for the last ten(10) years starting with your current address, giving:

DATE	ADDRESS	CITY and STATE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

7) Education: Dates, Names, Locations and Degrees.

College \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Graduate Studies \_\_\_\_\_  
\_\_\_\_\_

Others \_\_\_\_\_  
\_\_\_\_\_

8) List memberships in Professional Societies and Associations.

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

9) Proposed position with the proposed business corporation.

\_\_\_\_\_

10) List complete employment record (up to and including present jobs, positions, directorates or officerships) for the past ten (10) years, giving:

DATE	TITLE	EMPLOYER AND ADDRESS
_____	_____	_____
_____	_____	_____
_____	_____	_____

11) Present employer may be contacted.      Yes    No    (circle one)  
Former employers may be contacted.      Yes    No    (circle one)

- 12) a) Have you ever been in a position which required a fidelity bond?  
 \_\_\_\_\_  
 If any claims were made on the bond, give details. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- b) Have you ever been denied an individual or position schedule fidelity bond, or has a bond cancelled or revoked? \_\_\_\_\_ If yes, give details  
 \_\_\_\_\_  
 \_\_\_\_\_
- 13) List any professional, occupational, and vocational licenses issued by any public or governmental licensing agency or regulatory authority which to presently hold or have held in the past (state date license issued, issuer of license, date terminated, reasons for termination).  
 \_\_\_\_\_  
 \_\_\_\_\_
- 14) During the last ten (10) years, have you ever been refused a professional, occupational, or vocational license by any public or governmental licensing agency or regulatory authority, or has any such license held by you ever been suspended or revoked? \_\_\_\_\_  
 If yes, give details. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- 15) List any corporations in which you control directly or indirectly or own legally or beneficially 5 % or more of the outstanding stock (in voting power).  
 \_\_\_\_\_  
 \_\_\_\_\_
- If any of the stock is pledged or hypothecated in any way, give details.  
 \_\_\_\_\_  
 \_\_\_\_\_
- 16) Will you or members of your immediate family subscribe to or own, beneficially or of record, shares or stock of the applicant corporation or hypothecated in any way, give details.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

17) Have you ever been adjudged a bankrupt? \_\_\_\_\_

18) a) Have you ever been convicted or had a sentence imposed or suspended or had pronouncement of a sentence suspended or been pardoned for conviction of or pleaded guilty or nolo contendere to an information or indictment charging any felony, or charging a misdemeanor involving embezzlement, theft, larceny or mail fraud, or charging a violation of any corporate securities statute or any insurance law, or have you been subject of any disciplinary proceedings of any federal or state regulatory agency? \_\_\_\_\_

If yes, give details. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b) Has any company been so charged, allegedly as a result of any action or conduct on your part? \_\_\_\_\_

If yes, give details. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

19) Have you ever been an officer, director, trustee, investment committee member, key employee, or controlling stockholder of any corporation which, while you occupied any such position or capacity with respect to it, become insolvent or was placed under supervision or in receivership, rehabilitation, liquidation or conservatorship?  
\_\_\_\_\_

20) Has the certificate of authority or license to do business of any corporation of which you were an officer or director or key management person ever been suspended or revoked while you occupied such position? \_\_\_\_\_

If yes, give details. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated and signed this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_ at \_\_\_\_\_.

I hereby certify under penalty of perjury that I am acting on my own behalf, and that the foregoing statements are true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Signature of Affiant

Note: This affidavit must be notarized.

APPLICATION FOR "AUTHORITY TO ORGANIZE"  
A DOMESTIC CORPORATION PURSUANT TO PART II,  
SECTION 901 BUSINESS LICENSE REGULATIONS

Date: \_\_\_\_\_

TO THE SECRETARY OF COMMERCE OF THE COMMONWEALTH:

1) Name of the proposed corporation: \_\_\_\_\_

2) Proposed location of its principal office: \_\_\_\_\_

Mailing address: \_\_\_\_\_

3) Amount of paid-in capital (including paid-in surplus) to be authorized:  
\_\_\_\_\_

4) The proposed line of business to be transacted are: (check the appropriate box and/or boxes)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Hotel/Motel            | <input type="checkbox"/> Construction  | <input type="checkbox"/> Banking/Finance                       |
| <input type="checkbox"/> Agriculture/Fishing    | <input type="checkbox"/> Professional Service  | <input type="checkbox"/> Restaurant/Bars                       |
| <input type="checkbox"/> Retail/Wholesale Trade | <input type="checkbox"/> Manufacturing<br><small>(including textile manufacturing)</small> | <input type="checkbox"/> Air Transportation/<br>Transportation |
| <input type="checkbox"/> All others             |  | <input type="checkbox"/> Service/Shipping                      |

5) Names of persons acting as organizers:

Name	Proposed Title
1) _____	_____
2) _____	_____
3) _____	_____
4) _____	_____

6) Name of individual to act as Resident Manager or General Manager or Registered Agent:

7) How much (best estimate in U.S. dollars) will be used for organization and promotion expense? \_\_\_\_\_

8) This application must be signed by all organizers listed in No. 5 herein.

Name	Proposed Title
1) _____	_____
2) _____	_____
3) _____	_____
4) _____	_____

9) We authorize the Secretary of Commerce to do a background check and inquires as to our business experience and affiliations.