DiPasquale & Summers
ATTORNEYS & COUNSELORS AT LAW

CLIENT INTAKE

Client (Entity Name) : _____

D/B/A: _____

Representative's Name: _____

Address: _____

Phone Number: _____

Email Address(es) for all persons wanting to be copied on notifications: _____

Describe Business (e.g. Bar or. Bar/Restaurant or Nightclub): _____

How long have you been shut down: _____

Notes (Misc. details you may wish to provide us with)
_____
_____
_____
_____
_____