STIRLING BUSINESS ASSOCIATION

Virtual Office Application Form

Personal Details

First Name: _____ Last Name: _____

Address: _____

Mobile: _____ Email: _____

Business Details

Business Name: _____

Product/Service offered: _____

Is the Business Name registered? ☐ Yes ☐ No If yes, date of registration: _____

ABN: _____

Business Structure: ☐ Sole Trader ☐ Partnership ☐ Pty Ltd ☐ Other: _____

If more than one owner, please list names: _____

Is this a new business enterprise? ☐ Yes ☐ No

If no, how long have you been trading? _____years _____months

How many staff members do you currently have? (include yourself) _____F/T _____P/T

Do you require any licenses or permits to operate your business? ☐ Yes ☐ No

If yes, what are they? _____

Is your business involved in any legal proceedings or aware of any legal proceedings which may impact on the business? If so, please provide details.

_____

Background & Experience

Is this your first business? ☐ Yes ☐ No

Do you have any formal qualifications? ☐ Yes ☐ No
If yes, please detail:

References

Please provide names, firms and contact details of persons who may be directly contacted for references.

1. Name: Mobile:

Business: Relationship:

2. Name: Mobile:

Business: Relationship:

Declaration

The above information is true and correct.

Signed: Date:

Print Name:

Checklist

- ☐ Business Registration
- ☐ Public Liability Insurance
- ☐ Application Form

Please submit your application form and supporting documents to
admin@stirlingbusiness.asn.au