



Preferred Branch Location:

Downtown ___

Fruitville ___

Venice ___

Staff Spoken with: _____

New Business Relationship Information

Business Information:

Type of Business: _____ # Years in Business: _____

Legal Entity: _____ Tax ID _____

DBA Names: _____

Physical Address: _____

Mailing Address: _____

Primary Business Phone: _____ Other Phone: _____

Email: _____ Fax: _____

ATM on Premises: Yes___ No___ If Yes: ___ Owned ___ Leased Filled By: ___ Self ___ Others

Does the business operate or engage in gambling activities? Yes ___ No ___

Business Connection to Marijuana? Yes___ No___

Does the business engage directly or indirectly in the manufacturing, distribution or dispensing of marijuana, hemp or a related derivate (CBD) regardless if medical or recreational? Yes___ No___

Are you a physician licensed to write medical marijuana scripts? Yes___ No___

Additional Information:

Important Information About Opening a Legal Entity Account

Effective May 11, 2018, new rules under the Bank Secrecy Act will aid the government in the fight against crimes to evade financial measures designed to combat terrorism and other national security threats.

EACH time an account is opened for a covered Legal Entity, we are required to ask you for identifying information (name, address, date of birth, social security number, as well as identification documents) for:

- Each individual that has beneficial ownership (25% or more); and
- One individual that has significant managerial control, of the Legal Entity

If you are opening an account on behalf of a Legal Entity, you will be required to provide the appropriate documentation and to certify that this information is true and accurate to the best of your knowledge.



Authorized Signers and/or Beneficial Owner(s)

List all signers & those with *beneficial ownership of 25% or more.*

Indicate one individual that has *managerial control* of the business.

Name: _____ DOB: _____ SSN #: _____
Physical Address: _____ City: _____ State: _____ Zip: _____
Email: _____ Cell #: (____) _____ Home Phone #: (____) _____
Position/Title: _____ % of Ownership: _____
Politically Exposed Person: Y__ N__ Signer: Y__ N__ Benf. Owner: Y__ N__ Manager: Y__ N__
A Politically Exposed Person is a senior foreign political figure in the executive, legislative, administrative, military or judicial branches of a foreign government (whether elected or not), a senior official of a major foreign political party, or a senior executive of a foreign government-owned corporation.
____ Driver's License or Passport copy attached: 2nd ID Type: _____ Exp. Date: _____
Occupation: _____ Employer: _____ Bus. Phone: _____

Name: _____ DOB: _____ SSN #: _____
Physical Address: _____ City: _____ State: _____ Zip: _____
Email: _____ Cell #: (____) _____ Home Phone #: (____) _____
Position/Title: _____ % of Ownership: _____
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Name: _____ DOB: _____ SSN #: _____
Physical Address: _____ City: _____ State: _____ Zip: _____
Email: _____ Cell #: (____) _____ Home Phone #: (____) _____
Position/Title: _____ % of Ownership: _____
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