



FORM **21QNBV**
 USE OF THIS FORM
 MANDATORY

**FOREIGN QUALIFIED NEW BUSINESS VENTURE
 CERTIFICATE OF AUTHORITY APPLICATION**

Sec. 180.1503 and Sec. 238.15(1) Wis. Stats.

⇒ **NOTE:** Every application must be accompanied by:

- a current **CERTIFICATE OF QNBV** issued by the **Wisconsin Economic Development Corporation** under sec.238.15(1) Wis. Stats. (see instructions at www.wdfi.org/QNBV) and
- a current **CERTIFICATE OF STATUS** (variously called “certificate of existence” or “certificate of good standing”), issued by the Secretary of State (or other official having custody of corporate records) under whose laws it is incorporated, attesting to the existence and status of the corporation. The certificate of status must be issued not more than 60 days prior to the delivery of this application.

1. Name of Corporation	2. State or Country of Incorporation
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3. Date of Incorporation (MM/DD/YYYY)	4. Does the corporation have perpetual existence? <input type="checkbox"/> Yes <input type="checkbox"/> No, organized for a duration of _____ years
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5. Name of Registered Agent in Wisconsin
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6. Street address of Registered Office in Wisconsin		
City	State WI	Zip/Postal code

7. Address of Principal Office			
City	State/Province	Country	Zip/Postal code

8. Has the corporation transacted business in Wisconsin without holding a Certificate of Authority?

No Yes If “Yes”, complete and attach supplement on page 3.

Office Use Only

9. Names and Usual Business Addresses of Officers (may be scheduled).

<u>Title</u>	<u>Name</u>	<u>Address</u>
CEO.		
Pres.		
V-P		
Secy		
Treas.		

10. Names and Usual Business Addresses of Directors (may be scheduled). If the corporation has no directors, enter "None".

<u>Title</u>	<u>Name</u>	<u>Address</u>
Chair.		
Dir.		
Dir.		
Dir.		

11. Indicate the number of shares the corporation has **authority to issue and the number of shares **issued**, itemized by class and series (if any), and the par value of the shares, or a statement that the shares are without par value: (may be scheduled)**

Class	Series	Number of Shares		Indicate Par Value (\$) per share, or "NPV" for No Par Value
		AUTHORIZED to issue	ISSUED	

12. Remit the one appropriate **FILING FEE, payable to Department of Financial Institutions**

ORIGINAL Certificate \$ 100.00	OR	ORIGINAL Certificate, from Supplement \$ _____
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13. _____ (Signatory's printed name) _____ (Officer's signature)

Executed on _____ (Date) _____ (Officer's title)



**SUPPLEMENT – QUALIFIED NEW BUSINESS VENTURE
CERTIFICATE OF AUTHORITY APPLICATION**

The following information is required if item 8 of the application indicates that the corporation has transacted business in Wisconsin without holding a certificate of authority.

Name of Corporation: _____ State of Incorporation: _____

I. During what period did the corporation transact business in Wisconsin without holding a certificate of authority? _____ (date range).

Complete items 1, 2 and 3 below, and post the subtotal of fees to item II.

1. Fee for the first \$60,000 of representation.	Æ	\$ 100.00
2. PLUS annual report fee for <u>each</u> calendar year, beginning with the calendar year following that in which the corporation first transacted business in Wisconsin. In making your computation include the report fee for the current calendar year, unless it is the first year in which the corporation transacted business in Wisconsin. (1964 thru 1969 \$10; 1970 thru 1977, \$15; 1978 thru 1980, \$17; 1981 thru 1983, \$25; 1984, \$28; 1985, \$25; 1986, \$26; 1987 thru 1990, \$30; 1991 thru 2001, \$50; and 2002 thru _____, \$65.)	Æ	\$ _____
Subtotal	Æ	\$ _____ (Post subtotal to Section II)

II. COMPUTATION OF FILING FEE based on Supplement.

Subtotal from the section above. \$ _____

Calculate and add a 50% penalty to the subtotal, or \$5,000, whichever is less. \$ _____

TOTAL FILING FEE (post to item 1 on Form 21, pg 2) \$ _____

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▲ Please provide an email or postal mailing address for the filed copy of the document.

Your **phone number** during the day: _____

INSTRUCTIONS (Ref. sec. 180.1503 or 180.1504, Wis. Stats. for document content)

Please use BLACK ink. Submit one original to State of WI-Dept. of Financial Institutions, Box 93348, Milwaukee WI, 53293-0348, together with a check for the filing fee, payable to the department. Filing fee is **non-refundable**. (If sent by Express or Priority U.S. mail, please visit www.wdfi.org/contact_us/ for current physical address). This document can be made available in alternate formats upon request to qualifying individuals with disabilities. The original must include an original manual signature. Upon filing, the information in this document becomes public and might be used for purposes other than those for which it was originally furnished. If you have any questions, please contact the Division of Corporate & Consumer Services at 608-261-7577. Hearing-impaired may call 711 for TTY.

1. Enter the entity name as it appears on the Certificate of Status (Existence or Good Standing) from the jurisdiction in which it is domiciled. If the corporation name is unavailable for use in Wisconsin (check name availability at www.wdfi.org by clicking on 'I Want to Search...', then Corporate Records), please complete and submit a form 21B – Adoption of Fictitious Name, which must be filed simultaneously with this application.
- 2 & 3. Enter the name of the state or country under whose laws the corporation is organized, and the date of incorporation.
4. Indicate whether the corporation has perpetual existence, or is organized for a term of years. If organized for a term of years, enter the duration of that term.
- 5 & 6. Enter the name of the corporation's registered agent and registered office in Wisconsin. The address of the registered office must describe its physical location, i.e., street name, number, city (in Wisconsin) and ZIP code. Failure to continuously maintain an agent and office may set grounds for revocation of the corporation's certificate of authority. Annual report forms, notices and other official communications are directed to the corporation's registered agent, so it is important to keep this information current.
7. Enter the address of the corporation's principal office, inside or outside Wisconsin, where its principle executive offices are located.
8. Indicate if the corporation has, or has not, transacted business in Wisconsin without holding a certificate of authority. If the response is "Yes," complete Supplement on page 3.
- 9 & 10. Provide the name and address of each of the corporation's officers and directors. If the corporation has no directors, indicate that in item 10.
11. Provide complete information on the number and type of capital shares the corporation is **authorized** to issue, and the number and type of such shares that **are** issued.
12. Determine the **FILING FEE** from the appropriate section in item 15 and remit the fee by check payable to "Department of Financial Institutions." If the computation is made using Supplement, the result will include the basic qualification fee.
13. The application is to be executed by an **officer** of the corporation. Print or type the name and title of the officer signing the application and the date it was signed.