


<b>Attached Required Document Checklist</b>		Fax to : 901-692-9499	
Voided Check		email to: applications@impactpays.net	
Business Verification Document			
Copy of Drivers License			
Managing Partner Name: <u>Joey Trupiano</u>			
Date Submitted: <u>9/21/2021</u>			

**Merchant Application Submission Form**

Merchant (Business) DBA Name: Joe's Pizza of Benton, Inc.

Business Legal Name: \_\_\_\_\_

Contact Name: Joey Trupiano Contact Phone Number: (217) 240-0831

Physical Address: 117 E Main St. City, State, Zip: Benton, IL 62812

Phone Number: (618) 438-0563 Fax Number: \_\_\_\_\_

Email Address: joespizzaeffingham@yahoo.com Website: orderjoes.com

Billing Address: 115 E Jefferson Ave. City: Effingham

State: IL Zip: 62401

**Business Type**

Corporation - circle one: Private or Public Business Start Date: \_\_\_\_\_

LLC - circle one: C corp S corp P partner D disregarded entity

Sole Prop  Other: \_\_\_\_\_ EIN/Federal Tax ID# 81-3465435 Refund Policy? Yes or No

Partnership Types of Goods Sold: Restaurant

**Ownership Information (Must be 51% or more) \*Might need information on all owners\***

Officer/Owners Name: \_\_\_\_\_ Title: \_\_\_\_\_ Social Security: \_\_\_\_\_

Home Address: See Attached City, State, Zip Code: \_\_\_\_\_

Drivers License#: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ State: \_\_\_\_\_

DOB: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

% of Business Owned: \_\_\_\_\_ % Length of Ownership: \_\_\_\_\_

**Banking Information**

A copy of a voided check or a signed verification letter from the bank is required. \*No Starter Checks Accepted\*

Name of Bank: See Attached

ABA Routing #: \_\_\_\_\_

Account #: \_\_\_\_\_

Estimated Sales Volume		Terminal Questions	
Estimated Annual Sales (All sales)	\$ <u>1,000,000</u>	Batch Out Time:	
Estimated Annual Visa/MC/Discover/ AMEX Sales	\$ <u>600,000</u>	Communication Method: <u>IP-Internet</u> Dial-phone WIFI	
Estimated Monthly Visa/MC/Discover/ AMEX Sales	\$ <u>50,000</u>	Do you dial 9 for outside line? Yes - <u>No</u>	
Average Ticket	\$ _____	Terminal Type:	
High Ticket	\$ _____	Pin Pad Type:	
First two sections must equal 100% respectively		Reprogram Terminal:	Yes - No
Card Swiped: <u>90</u> % Card Keyed In: <u>10</u> % = 100%		Equipment Purchase:	<u>Yes</u> - <u>No</u>
Card Present: <u>90</u> % Card Not Present <u>10</u> % = 100%		Equipment Rental Program:	Yes - <u>No</u>
MOTO: _____ % Internet: _____ %		PIN Debit Pin Pad:	Yes - <u>No</u>
IBUXX or <u>Traditional</u>		POS Software Integration:	Yes - <u>No</u>
Notes:		Software Name & Version: <u>PDQ</u>	
		Next Day Funding:	<u>Yes</u> - No
		Tip Edit:	<u>Yes</u> - No



# ILLINOIS

Jesse White • Secretary of State

## DRIVER'S LICENSE

USA



*Joseph Trupiano*

4d LIC NO: **T615-4808-1209**

3 DOB: **07/23/1981**

4b EXP: **07/23/2023**

4a ISS: **05/07/2019**

1 **TRUPIANO**  
2 **JOSEPH**  
8 **11249 E LAKE EDWARD LN**  
**EFFINGHAM, IL 62401**

9 CLASS: **D** 9a END: **NONE**  
12 REST: **NONE**

15 SEX: **M** 16 HGT: **5'-10"**

17 WGT: **240 lbs** 18 EYES: **BRN** TYPE: **ORG**

5 DD **20190507051EF2236**

**DONOR**





# ILLINOIS

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## DRIVER'S LICENSE

USA



*Jesse White*

4d LIC NO: **1615-2007-6346**

3 DOB: **12/05/1976**

4b EXP: **12/05/2024**

1 **TRIPIANO**

2 **EMANUELE**

3 **11135 F CAMBRIDGE LN  
CHICAGO, IL 60640**

12 RESTRICTIONS: **NONE**

5a END: **NONE**

15 SEX: **M**

16 HGT: **5'-11"**

17 WGT: **190 LBS**

18 EYES: **BRN**

TYPE **ORG**

5 DD **20210108051EF1114**



4a ISS: **01/08/2021**



# ILLINOIS

Jesse White • Secretary of State

USA

## DRIVER'S LICENSE

Federal Limits Apply

4d LIC NO: **B320-5109-5066**

3 DOB: **03/04/1995**

4b EXP: **03/04/2025**

4a ISS: **04/07/2021**

1 **BETTS**

2 **KRISTOFER J**

8 **117 E MAIN ST  
BENTON, IL 62812**

9 CLASS: **D**

9a END: **NONE**

12 REST: **NONE**

15 SEX: **M**

16 HGT: **6'-00"**

17 WGT: **260 lbs** 18 EYES: **BLUE**

TYPE: **ORG**

5 DD **20210407001BN0818**





# ILLINOIS

Jesse White • Secretary of State

## DRIVER'S LICENSE

USA

Federal Limits Apply

DL LIC NO: **B320-5149-9002**

3 DOB: **01/02/1999**

4b EXP: **01/02/2025**

4a ISS: **02/11/2020**

1 **BETTS**

2 **KYLEEN**

8 **12141 SARAVILLE RD  
MARION, IL 62959**

9 CLASS: **D**

9a END: **NONE**

12 REST: **NONE**

15 SEX: **M**

16 HGT: **5'-11"**

17 WGT: **190 lbs**

18 EYES: **BLUE**

5 DD **20200211006MR2419**

TYPE: **ORG**



# Owners & Percentages of Ownership

Joe's Pizza of Benton, Inc.

Joey Trupiano	25.00%
Emanuele Trupiano	25.00%
Kristofer Betts	25.00%
Kyle Betts	25.00%

Name	Joey Trupiano
Title	Owner
SSN	318-74-9476
Home Address	13328 Augusta National Dr., Effingham, IL 62401
Driver's License #, Exp. Date, State	T615-4808-1209, 7/23/2023, Illinois
DOB	7/23/1981
Phone Number	(217)240-0831
Length of Ownership	8/3/2016

Name	Emanuele Trupiano
Title	Owner
SSN	334-64-8562
Home Address	11135 E. Cambridge Ln., Effingham, IL 62401
Driver's License #, Exp. Date, State	T615-2007-6346, 12/5/2024, Illinois
DOB	12/5/1976
Phone Number	(217)240-0833
Length of Ownership	8/3/2016

Name	Kristofer Betts
Title	Owner
SSN	355-90-4114
Home Address	202 Oak St., Whittington, IL 62897
Driver's License #, Exp. Date, State	B320-5109-5066, 3/4/2025, Illinois
DOB	3/4/1995
Phone Number	(217)690-1873
Length of Ownership	7/1/2021

Name	Kyle Betts
Title	Owner
SSN	321-96-6980
Home Address	12141 Saraville Rd., Marion, IL 62959
Driver's License #, Exp. Date, State	B320-5149-9002, 1/2/2025, Illinois
DOB	1/2/1999
Phone Number	(217)240-2959
Length of Ownership	7/1/2021



4642

Joe's Pizza Of Benton Inc  
117 E. Main  
Benton, IL 62812

70-275/812

DATE \_\_\_\_\_

PAY  
TO THE  
ORDER OF \_\_\_\_\_

VOID

\$

DOLLARS  Security Features  
Include  
Check on Bank



FOR \_\_\_\_\_

MP

⑈004642⑈ ⑆081202759⑆ 199376898656⑈

**Verify that all of your Illinois Business Authorization information is correct.**

Verify that the information below correctly represents your business location. In particular, be sure to verify that the information correctly represents whether you are within or outside of a municipality. If you have registered for Sales and Use Tax and the retail sales location listed is incorrect, contact our Local Tax Allocation Division at 217 785-6518.

**Benton  
Franklin County**

For all other corrections, contact our Central Registration Division at 217 785-3707.

If all of the information is correct, cut along the dotted line (fits a standard 5" x 7" frame). Your authorization must be visibly displayed at the address listed. **Do not discard the attached Illinois Business Authorization unless the information displayed is incorrect or until it expires.** Your Illinois Business Authorization is an important tax document that indicates that you are registered or licensed with the Illinois Department of Revenue to legally do business in Illinois.

OFFICIAL DOCUMENT

State of Illinois - Department of Revenue

**Illinois Business Authorization**

OFFICIAL DOCUMENT

**JOE'S PIZZA OF BENTON, INC.**

Loc. Code: 028-0001-2-001

**Benton  
Franklin County**

**117 E MAIN ST  
BENTON IL 62812-2102**

**Certificate of Registration**

Expiration Date:  
**10/15/2022**

Sales and use taxes and fees (4225-1400)

**ILLINOIS REVENUE**  
*[Signature]*  
Director

OFFICIAL DOCUMENT

Issued Date: **08/16/2021**

