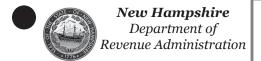


CD-3 Application for Meals & Rentals Tax Operators License

LICENSE REQUIRED BEFORE OPERATING

	PE OR PRINT CLEARLY Business Name (DBA)							
2.	Mailing Address Mailing Address (continued)		Secretary of State Business ID#					
3.			4.	E-Mail Address				
	City / Town	State		de + 4 (or Canadian Post	al Code)			
6(a). Type of Business Entity: 1 - Proprietorship 2 - Corporation 3 - Partnership 4 - Fiduciary 5 - Non-Profit 6(b). Is the Business Entity an LLC? Yes No Name of Owner/Entity								
6(c).								
	deral Employer Identification Number of the owner: NH business taxes are filed under an SSN or a difference of the owner:		er below: or DIN:	(Do I	not enter SSN here)			
	st All Individual Owners, Partners, LLC Managers ace is needed, attach additional sheets):	and Members, or	Corporate Officer	s, and Any Other Pe	rson in a Managerial Capacity (if more			
	Last Name	First Name		MI	Title			
9(a).	Residence Address - No PO Boxes		S	Social Security Number				
	City / Town	State	Zip Code + 4 (or Co	anadian Postal Code)	Phone Number			
9(b).	Last Name	First Name		MI	Title			
	Residence Address - No PO Boxes		5	Social Security Number				
	City / Town	State	Zip Code + 4 (or C	anadian Postal Code)	Phone Number			
9(c).	Last Name	First Name		MI	Title			
	Residence Address - No PO Boxes		S	Social Security Number				
	City / Town	State	Zip Code + 4 (or Ca	anadian Postal Code)	Phone Number			





CD-3 Application for Meals & Rentals Tax Operators License

	Contact Person Last Name	Contact Person First Name	Title	Phone Number			
10.		rical Pusinass Address in NIL					
		sical Business Address in NH					
11.		7	in Codo + 4				
City / Town State Zip Code + 4							
	Dranacad Opening Data	Tune of Pusiness Activity					
	Proposed Opening Date	Type of Business Activity					
13.	14.						
15.	Check here if you serve: Food	Alcoholic Beverages Number of So	eats in Restaurant and/or Lounge	2			
16.	Indicate if you rent: Sleeping Accomm	odations Number of Rooms					
	Function Rooms	Number of Rooms					
	Motor Vehicles	Number of Vehicles					
			Jan Feb Mar Apr	May Jun Jul Aug Sep Oct Nov Dec			
17.	Check here if you are requesting permission to t	file returns as a season filer: Speci	ify months:				
	NLL Panking Institution of the Owner	Acc	ount Holdor's Full Name				
	NH Banking Institution of the Owner	ACC	ount Holder's Full Name				
18.		19.					
_							
20	Consolidated Return		P.L. II				
	Operators having more than one license may request permission to file on a consolidated basis provided all licenses use the same Federal Employer Identification Number. Operators must designate one license number to be the master (primary) license number and provide the						
	business name, address, and Meals & Rentals License Number of each member of the group.						
20(a). Are you requesting to be a member of a consolidated Meals & Rentals filing group? Yes No							
If yes, specify master (primary) license number							
20	(b). Are you requesting to be a master (prima			s No			
	If yes, attach a list indicating members' N	leals & Rentals licenses, business na	ames, & addresses.				
Coı	mplete pages 1 and 2 and submit to t	he NH Department of Revenue	e Administration				
l de	clare under penalties of perjury that I am au	thorized to sign on hehalf of the ow	vner applying for a license th	at I have examined all of the			
	rmation provided on or with this application						
	Signature (in ink) of Owner/Operator From Line 9	(a)	MMDDYYYY				
	Signature (in ink) of Owner/Operator From Line 9	(b)	MMDDYYYY				
	Signature (in ink) of Owner/Operator From Line 9	(c)	MMDDYYYY				