



CD-3
Application for
Meals & Rentals Tax
Operators License

LICENSE REQUIRED BEFORE OPERATING

TYPE OR PRINT CLEARLY

Business Name (DBA)
1.

Mailing Address Secretary of State Business ID#

2. Mailing Address (continued) E-Mail Address

3. 4.

City / Town State Zip Code + 4 (or Canadian Postal Code)

5.

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).

7. Federal Employer Identification Number of the owner: **FEIN:** (Do not enter SSN here)

8. If NH business taxes are filed under an SSN or a different FEIN or DIN enter below:
FEIN **SSN** or **DIN:**

9. List All Individual Owners, Partners, LLC Managers and Members, or Corporate Officers, and Any Other Person in a Managerial Capacity (if more space is needed, attach additional sheets):

9(a). Last Name First Name MI Title
Residence Address - No PO Boxes Social Security Number
City / Town State Zip Code + 4 (or Canadian Postal Code) Phone Number

9(b). Last Name First Name MI Title
Residence Address - No PO Boxes Social Security Number
City / Town State Zip Code + 4 (or Canadian Postal Code) Phone Number

9(c). Last Name First Name MI Title
Residence Address - No PO Boxes Social Security Number
City / Town State Zip Code + 4 (or Canadian Postal Code) Phone Number



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10. Contact Person Last Name Contact Person First Name Title Phone Number

11. Business Telephone Number 12. Physical Business Address in NH
City / Town State Zip Code + 4

13. Proposed Opening Date 14. Type of Business Activity

15. Check here if you serve: Food Alcoholic Beverages Number of Seats in Restaurant and/or Lounge

16. Indicate if you rent: Sleeping Accommodations Number of Rooms
 Function Rooms Number of Rooms
 Motor Vehicles Number of Vehicles

17. Check here if you are requesting permission to file returns as a season filer: Specify months: Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

18. NH Banking Institution of the Owner 19. Account Holder's Full Name

20. Consolidated Return

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 (primary) filer for a consolidated Meals & Rentals filing group? Yes No

If yes, attach a list indicating members' Meals & Rentals licenses, business names, & addresses.

Complete pages 1 and 2 and submit to the NH Department of Revenue Administration

I declare under penalties of perjury that I am authorized to sign on behalf of the owner applying for a license, that I have examined all of the information provided on or with this application, and that the information is true, correct, and complete to the best of my knowledge and belief.

Signature (in ink) of Owner/Operator From Line 9(a)

MMDYYYY

Signature (in ink) of Owner/Operator From Line 9(b)

MMDYYYY

Signature (in ink) of Owner/Operator From Line 9(c)

MMDYYYY