



**MEALS & RENTALS REQUEST TO UPDATE OR CHANGE LICENSE**

Business Name (DBA):  Operator License Number:

Notice is hereby given to the New Hampshire Department of Revenue Administration that the information **for the license number listed above** changed. The licensee is requesting the following change in filing requirements and/or providing the updated changes as prescribed in RSA 78-A. A separate Form CD-100 must be submitted per location. **Please list changes below.**

**STEP 1 - CHANGE IN CONTACT INFORMATION**

Business Name (DBA)  
1.

Mailing Address  
2.

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

Telephone Number E-Mail Address  
3.  4.

Contact Person Last Name Contact Person First Name Title Telephone Number  
5.

NH Banking Institution (RSA 78-A:7, II) Account Holder Name  
6.

**STEP 2 - CHANGE IN BUSINESS STATUS (BY LOCATION)**

**NOTE: You must surrender your current Meals & Rentals Tax License with this form if you have filled out any part of this section.**

7.  Business uses only a facilitator as of:

8.  Business at this location suspended or discontinued entirely, without a new owner as of:

9.  Business at this location continued without taxable sales as of:

10.  Business at this location was acquired by a new owner as of:

Name of New Owner Contact Person Last Name Contact Person First Name Title

Address of New Owner Telephone Number

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

11.  Business moved to a new location (not a new owner) as of:

New Location Address

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

**NOTE: A Form CD-3 must be submitted to request a new Meals & Rentals Tax License if box 10 or 11 is checked.**



**MEALS & RENTALS REQUEST TO UPDATE OR CHANGE LICENSE (continued)**

**STEP 3 - CHANGE IN PARTNERS, LLC MANAGERS/MEMBERS, CORPORATE OFFICERS, AND ANY OTHER PERSON IN A MANAGERIAL CAPACITY**

12(a). Last Name and Suffix  First Name  MI  Title  Social Security Number

Residence Address - No PO Boxes  Telephone Number

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

ADD  Date individual has been added or removed.  
OR MMDDYYYY  
REMOVE

12(b). Last Name and Suffix  First Name  MI  Title  Social Security Number

Residence Address - No PO Boxes  Telephone Number

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

ADD  Date individual has been added or removed.  
OR MMDDYYYY  
REMOVE

IF ADDITIONAL SPACE IS NEEDED - ATTACH A SCHEDULE.

**STEP 4 - CHANGE IN FILING REQUIREMENTS**

13.  I request permission to file as a seasonal operator.

Please specify the seasonal months for which you request permission to file Meals & Rentals Tax returns, if you checked box 13 or 14.

14.  I request permission to change my seasonal months.

JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC

**NOTE: You may not change your current filing requirements until your request is granted by the Department of Revenue Administration.**

15.  The status of my business has changed from seasonal to year-round operation.

**NOTE: You must complete and file monthly Meals & Rentals Tax returns if you checked box 15.**

16.  **REQUEST TO FILE QUARTERLY RETURNS (Rev 706.03)** - I request permission to file quarterly returns, and certify that: (1) my business is an operational, year-round business; (2) my business has been in operation for a full year prior to this request; (3) my business is in full compliance with all provisions of RSA 78-A, and Rev 700; and (4) the average Meals & Rentals Tax liability of my business was less than \$100 per month for the calendar quarter immediately preceding this request.

**NOTE: You may not change your current filing requirements until your request is granted by the Department of Revenue Administration.**

**STEP 5 - SIGNATURES**

I declare under penalties of perjury that I am authorized to sign on behalf of the business entity, that I have examined all of the information provided on this form, and that the information is true, correct, and complete to the best of my knowledge and belief.

Signature (in ink) of Authorized Officer/Representative  MMDDYYYY

Print Signatory Name & Title