

New Hampshire Department of Revenue Administration

CD-100



0CD1002411862

MEALS & RENTALS REQUEST TO UPDATE OR CHANGE LICENSE

Busi	ness Name (DBA): Operator License Number:
The	ce is hereby given to the New Hampshire Department of Revenue Administration that the information for the license number listed above changed. licensee is requesting the following change in filing requirements and/or providing the updated changes as prescribed in RSA 78-A. parate Form CD-100 must be submitted per location. Please list changes below.
STE	P 1 - CHANGE IN CONTACT INFORMATION
Е	Business Name (DBA)
1.	
١	Mailing Address
2.	
C	City / Town State Zip Code + 4 (or Canadian Postal Code)
Т	elephone Number E-Mail Address
3.	4.
(Contact Person Last Name Contact Person First Name Title Telephone Number
5.	
1	NH Banking Institution (RSA 78-A:7, II) Account Holder Name
6.	
7. 8.	Business uses only a facilitator as of: MMDDYYYY Business at this location suspended or discontinued entirely, without a new owner as of: MMDDYYYY Business at this location continued without taxable sales as of:
	MMDDYYYY
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	MMDDYYYY) ()
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)
	City / Town State Zip Code + 4 (or Canadian Postal Code)

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





New Hampshire Department of Revenue Administration

CD-100



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

STE	P 3 - CHANGE IN PARTNERS, LLC MANA	AGERS/MEMBERS, CORP			
	Last Name and Suffix	First Name	MI Title		Social Security Number
	Residence Address - No PO Boxes		Telephone Number		Data in dividual has been
				ADD	Date individual has beer added or removed.
	City / Town	State	Zip Code + 4 (or Canadian Postal Co	de) OR	MMDDYYYY
				REMOVE	
	Last Name and Suffix	First Name	MI Title		Social Security Number
).	Last Name and Sumx	Institution	IVII TICE		Social Security Number
	Residence Address - No PO Boxes Telephone Number				
	nesidence Address No FO Boxes		Telephone Wallider		Date individual has been
	City / Town	Ctata	Zip Code + 4 (or Canadian Postal Co	ADD OR	added or removed.
	City / Town	State	Zip Code + 4 (oi Cariadian i ostal Co	de) OR REMOVE	MMDDYYYY
				KEMOVE	
			ACE IC NEEDED. ATTACH A COHEDIN	LE.	
3.	P 4 - CHANGE IN FILING REQUIREMEN I request permission to file as a se	TS asonal operator.		he seasonal months fo	r which you request permiss ou checked box 13 or 14.
3. 4. OT		TS asonal operator. y seasonal months. filing requirements until	Please specify to file Meals & R	he seasonal months fo Rentals Tax returns, if yo	r which you request permiss ou checked box 13 or 14. AUG SEP OCT NOV DEC
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