

## CD-3 Application for Meals & Rentals Tax Operators License

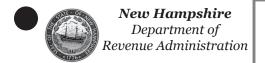


000CD31911862

## LICENSE REQUIRED BEFORE OPERATING

	E OR PRINT CLEARLY usiness Name (DBA)					
2.	Mailing Address  Mailing Address (continued)	cretary of State Business ID	ary of State Business ID#			
3.			4.	E-Mail Address		
	ity / Town	State		ode + 4 (or Canadian	Postal Code)	
6(b).	Type of Business Entity: 1 - Proprietorship  Is the Business Entity an LLC? Yes No  Name of Owner/Entity	<b>2</b> - Corporat	ion <b>3</b> - F	Partnership	4 - Fiduciary	<b>5</b> - Non-Profit
6(c).						
8. If N	deral Employer Identification Number of the owner:  IH business taxes are filed under an SSN or a difference of the owner:	nt FEIN or DIN ente	or <b>DIN</b> :		Do not enter SSN here)	
	t All Individual Owners, Partners, LLC Managers ace is needed, attach additional sheets):	and Members, or	Corporate Office	rs, and Any Other	Person in a Managerial	Capacity (if more
	Last Name	First Name		MI	Title	
9(a).	Residence Address - No PO Boxes			Social Security Number		
	City / Town	State	Zip Code + 4 (or 0	Canadian Postal Code	e) 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 0	Canadian Postal Code	e) Phone Number	
9(c).	Last Name	First Name		MI	Title	
	Residence Address - No PO Boxes			Social Security Num	ber	
	City / Town	State	Zip Code + 4 (or C	Canadian Postal Code	Phone Number	





## CD-3 Application for Meals & Rentals Tax Operators License



000CD31921862

	Contact Person Last Name	Contact Person First Name	Title	Phone Number					
10.									
	Business Telephone Number Ph	ysical Business Address in NH							
11.	12.								
	City / Town	State	Zip Code + 4						
	State Transfer of the state of								
	Dranacad Opening Data	Type of Business Activity							
	Proposed Opening Date	Type of Business Activity							
13.	14.								
15.	Check here if you serve: Food	Alcoholic Beverages Numb	er of Seats in Restaurant and/or L	ounge					
16.	6. Indicate if you rent: Sleeping Accommodations Number of Rooms								
	Function Rooms Number of Rooms								
	Motor Vehicles	Number of Vehicles							
				r Apr May Jun Jul Aug Sep Oct Nov Dec					
17.	Check here if you are requesting permission to	file returns as a season filer:	Specify months:						
	NH Banking Institution of the Owner		Account Holder's Full Name						
18.		19.							
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.									
Coı	mplete pages 1 and 2 and submit to	the NH Department of Rev	enue 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)  MMDDYYYY									
Ì	Signature (in fing of Owner/Operator From Line s	(u)	WIIVIDD						
		- 4 >		1000					
	Signature (in ink) of Owner/Operator From Line 9	P(b)	MMDD	YYYY					
	Signature (in ink) of Owner/Operator From Line 9	<b>∂</b> (c)	MMDD	YYYY					