



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



000CD31911862

**LICENSE REQUIRED BEFORE OPERATING**

**TYPE OR PRINT CLEARLY**

Business Name (DBA)  
1.

Mailing Address  Secretary of State Business ID#

2. Mailing Address (continued)

3. City / Town  State  E-Mail Address

4. 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

6(c). Name of Owner/Entity

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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000CD31921862

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)

MDDYYYY

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

MDDYYYY

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

MDDYYYY