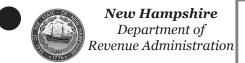


CD-100 Meals & Rentals Request to Update or Change License

Bu	usiness Name (DBA)			Operator L	License Number			
cha	otice is hereby given to the New Har anged. The licensee is requesting th parate Form CD-100 must be submi	he following change	in filing requirement	s and/or providing the upd				
_	nange in Contact Information							
	Business Name (DBA)							
١. ا	Matthe a Address							
	Mailing Address							
2.								
	City / Town		State	Zip Code + 4 (or Canadian F	Postal Code)			
	Telephone Number E-Mail Address							
3. 4.								
	Contact Person Last Name	Contact P	erson First Name	Title	Telepho	ne Number		
5.								
	NH Banking Institution			Account Holder Name				
б.								
	nange in Business Status (by lo OTE: You must surrender your c		entals Tax License v	vith this form if you have	filled out any pai	t of this s	ectio	n.
	·	MMDDYYYY		·	, ,			
7.	Business uses only a facilitate							
8.	Business at this location suspended or discontinued entirely, without a new owner as of MMDDYYYY							
9.	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		New Owner Contac	ct Person Last Name Contac	t Person First Name	Title		
	Address of New Owner Telephone Number							
	City / Town		State	Zip Code + 4 (or Canadia	an Postal Code)			
	MMDDYYYY							
11.	Business moved to a new location (not a new owner) as of							
	New Location Address							
	City / Town		Chaha	Zip Code + 4				
	City / Town		State	Zip Code + 4				
	NOTE: A Form CD-3 must be s	submitted to reque	est a new Meals & F	Rentals Tax License if box	c 10 or 11 is check	ed.		





CD-100 Meals & Rentals Request to Update or Change License

Change in Partners, LLC Managers and Members, or Corporate Officers and Any Other Person in a Managerial Capacity Last Name and Suffix First Name Social Security Number 12(a). Residence Address - No PO Boxes Telephone Number Add Remove City / Town Zip Code + 4 (or Canadian Postal Code) State Last Name and Suffix First Name Social Security Number Title MI 12(b). Residence Address - No PO Boxes Phone Number Add City / Town State Zip Code + 4 (or Canadian Postal Code) Remove If additional space is needed attach a schedule Request to File as a Seasonal Operator or to Change Seasonal Months (Rev 706.04) 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. I request permission to change my seasonal months. 14. 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. 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. 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, including 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. **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