CRF-002 (rev. 9/02) GEORGIA DEPARTMENT OF REVENUE REGISTRATION UNIT P. O. BOX 49512 ATLANTA, GEORGIA 30359-1512

NEED HELP? CALL (404) 417-4490

(PLEASE PRINT OR TYPE)

STATE TAX REGISTRATION APPLICATION (Please Read Instructions Before Completing)

		ATION SECTI	ION		
1	IF YOU HAVE A STATE TAXPAYER IDENTIFIER (STI), ENTEI				
2	REASON FOR APPLICATION		cation Address	_	Alcohol Licensee
	New Business		nership Structure	Additional	Tax Registration
	Divided Store (Alcohol Only – Separate Applications require				
		Sales Tax Number	er:		
3	FOR WHICH OF THE FOLLOWING ARE YOU APPLYING?			Use Tax Onl	•
	Sales Tax	Alcohol Lic		Motor Fuel D	
	Withholding Tax	☐ IFTA Regi			anker Truck Permit *
	☐ Tobacco License		nt Machine *	Non-Resd. D	Distribution
	Application with an actorial (*) require an additional application	Caa imatuustiana	. for detaile		
	Application with an asterisk (*) require an additional application -				
	If your business is a Sole Proprietorship – Your Name is the Leg	jai Business Nam	ie		
4	LEGAL BUSINESS NAME				
5	TRADE NAME / DBA NAME				
6	TYPE OF OWNERSHIP Sole Proprietors	ship	County Governmen	t 🔲	State Agency
	Estate Partnership		Municipality		Federal Agency
	Fiduciary Subchapter S C	orp.	Professional Assoc	iation	LLC
	Corporation - State of Inc Date	of Incorporation	1 1		
7	IF THE BUSINESS LISTED ABOVE HAS AN "FEI" NUMBER, E	NTER HERE:			
8	IF SEASONAL BUSINESS. STATE MONTHS BUSINESS WILL		Beg	nin	Thru
9	WHAT IS THE LAST MONTH AND DAY OF YOUR ACCOUNTI	_	Moi		Day
	IF THIS APPLICATION IS FOR A BUSINESS YOU PURCHASE				,
10	FORMER OWNER, IF KNOWN.	.b, 1 10 11 be 111			INDINO THE
	LEGAL BUSINESS NAME			STI NO.	
	GA. SALES TAX NO.	GA. WITH	IOLDING TAX NO.	PURCHASE P	RICE OF BUSINESS
				\$	
				1	
		SS SECTION			
11	ADDRE LOCATION ADDRESS, NUMBER AND STREET SUITE/APART (You CANNOT use a Post Office Box for the location)	TMENT NUMBER			siness.
11	LOCATION ADDRESS, NUMBER AND STREET SUITE/APART (You CANNOT use a Post Office Box for the location)	TMENT NUMBER address!)	R (Enter physical locati	on address of bu	
11	LOCATION ADDRESS, NUMBER AND STREET SUITE/APART	TMENT NUMBER			siness. PHONE
11	LOCATION ADDRESS, NUMBER AND STREET SUITE/APART (You CANNOT use a Post Office Box for the location) CITY STATE	TMENT NUMBER address!) ZIP	COUNTY	on address of bu	
12	LOCATION ADDRESS, NUMBER AND STREET SUITE/APART (You CANNOT use a Post Office Box for the location) CITY STATE IS THE ABOVE ADDRESS LOCATED WITHIN THE CITY LIMIT	TMENT NUMBER address!) ZIP TS?	COUNTY Yes	on address of buse	PHONE
	LOCATION ADDRESS, NUMBER AND STREET SUITE/APART (You CANNOT use a Post Office Box for the location) CITY STATE IS THE ABOVE ADDRESS LOCATED WITHIN THE CITY LIMITE: To have correspondence and reporting forms sent to s	ZIP TS? eparate address	COUNTY Yes es, please complete	on address of buse	PHONE
12 NO 1	LOCATION ADDRESS, NUMBER AND STREET SUITE/APART (You CANNOT use a Post Office Box for the location) CITY STATE IS THE ABOVE ADDRESS LOCATED WITHIN THE CITY LIMITE: To have correspondence and reporting forms sent to s related tax type(s) for each. To list additional mailing a	ZIP TS? eparate address ddresses use Fo	COUNTY Yes es, please complete prm CRF-003.	on address of buse	PHONE
12	LOCATION ADDRESS, NUMBER AND STREET SUITE/APART (You CANNOT use a Post Office Box for the location) CITY STATE IS THE ABOVE ADDRESS LOCATED WITHIN THE CITY LIMIT TE: To have correspondence and reporting forms sent to serelated tax type(s) for each. To list additional mailing at MAILING ADDRESS – IF DIFFERENT FROM THE LOCATION	ZIP TS? eparate address ddresses use Fo	COUNTY Yes es, please complete prm CRF-003.	on address of buse	PHONE
12 NO 1	CITY STATE IS THE ABOVE ADDRESS LOCATED WITHIN THE CITY LIMITE: To have correspondence and reporting forms sent to selated tax type(s) for each. To list additional mailing a MAILING ADDRESS – IF DIFFERENT FROM THE LOCATION (Please identify tax type(s) to be mailed to the address below.)	ZIP TS? eparate address ddresses use Fo	COUNTY Yes es, please complete prm CRF-003.	on address of business of business 13 and 14	PHONE
12 NO 1	LOCATION ADDRESS, NUMBER AND STREET SUITE/APART (You CANNOT use a Post Office Box for the location) CITY STATE IS THE ABOVE ADDRESS LOCATED WITHIN THE CITY LIMIT TE: To have correspondence and reporting forms sent to s related tax type(s) for each. To list additional mailing a MAILING ADDRESS – IF DIFFERENT FROM THE LOCATION (Please identify tax type(s) to be mailed to the address below.) Sales and Use	ZIP TS? eparate address ddresses use For ADDRESS ON Li	COUNTY Yes es, please complete orm CRF-003. INE 11 ABOVE.	on address of business of business 13 and 14	PHONE and indicate the
12 NO 1 13 A	LOCATION ADDRESS, NUMBER AND STREET SUITE/APART (You CANNOT use a Post Office Box for the location) CITY STATE IS THE ABOVE ADDRESS LOCATED WITHIN THE CITY LIMITE: To have correspondence and reporting forms sent to serelated tax type(s) for each. To list additional mailing at MAILING ADDRESS – IF DIFFERENT FROM THE LOCATION (Please identify tax type(s) to be mailed to the address below.) Sales and Use Tobacco	ZIP TS? eparate address ddresses use For ADDRESS ON Li Withholding Motor Carrier	COUNTY Yes es, please complete prm CRF-003.	on address of business of business 13 and 14	PHONE
12 NO 1	LOCATION ADDRESS, NUMBER AND STREET SUITE/APART (You CANNOT use a Post Office Box for the location) CITY STATE IS THE ABOVE ADDRESS LOCATED WITHIN THE CITY LIMIT TE: To have correspondence and reporting forms sent to s related tax type(s) for each. To list additional mailing a MAILING ADDRESS – IF DIFFERENT FROM THE LOCATION (Please identify tax type(s) to be mailed to the address below.) Sales and Use	ZIP TS? eparate address ddresses use For ADDRESS ON Li Withholding Motor Carrier	COUNTY Yes es, please complete orm CRF-003. INE 11 ABOVE.	on address of business of business 13 and 14	PHONE and indicate the
12 NO1 13 A B	LOCATION ADDRESS, NUMBER AND STREET SUITE/APART (You CANNOT use a Post Office Box for the location) CITY STATE IS THE ABOVE ADDRESS LOCATED WITHIN THE CITY LIMITE: To have correspondence and reporting forms sent to seleted tax type(s) for each. To list additional mailing at MAILING ADDRESS – IF DIFFERENT FROM THE LOCATION (Please identify tax type(s) to be mailed to the address below.) Sales and Use Tobacco ADDRESSEE (c/o) (If different from or in addition to the Legal Business)	ZIP TS? eparate address ddresses use For ADDRESS ON Li Withholding Motor Carrier	COUNTY Yes es, please complete orm CRF-003. INE 11 ABOVE.	on address of business of business 13 and 14	PHONE and indicate the
12 NO 1 13 A	LOCATION ADDRESS, NUMBER AND STREET SUITE/APART (You CANNOT use a Post Office Box for the location) CITY STATE IS THE ABOVE ADDRESS LOCATED WITHIN THE CITY LIMITE: To have correspondence and reporting forms sent to serelated tax type(s) for each. To list additional mailing at MAILING ADDRESS – IF DIFFERENT FROM THE LOCATION (Please identify tax type(s) to be mailed to the address below.) Sales and Use Tobacco	ZIP TS? eparate address ddresses use For ADDRESS ON Li Withholding Motor Carrier	COUNTY Yes es, please complete orm CRF-003. INE 11 ABOVE.	on address of business of business 13 and 14	PHONE and indicate the
12 NO1 13 A B	LOCATION ADDRESS, NUMBER AND STREET SUITE/APART (You CANNOT use a Post Office Box for the location) CITY STATE IS THE ABOVE ADDRESS LOCATED WITHIN THE CITY LIMITE: To have correspondence and reporting forms sent to selated tax type(s) for each. To list additional mailing at MAILING ADDRESS – IF DIFFERENT FROM THE LOCATION (Please identify tax type(s) to be mailed to the address below.) Sales and Use Tobacco ADDRESSEE (c/o) (If different from or in addition to the Legal Business NUMBER AND STREET, P. O. BOX or RFD NO.	ZIP TS? eparate address ddresses use For ADDRESS ON Li Withholding Motor Carrier	COUNTY Yes es, please complete orm CRF-003. INE 11 ABOVE.	On address of business of business 13 and 14	PHONE and indicate the
12 NO1 13 A B	LOCATION ADDRESS, NUMBER AND STREET SUITE/APART (You CANNOT use a Post Office Box for the location) CITY STATE IS THE ABOVE ADDRESS LOCATED WITHIN THE CITY LIMITE: To have correspondence and reporting forms sent to selated tax type(s) for each. To list additional mailing a MAILING ADDRESS – IF DIFFERENT FROM THE LOCATION (Please identify tax type(s) to be mailed to the address below.) Sales and Use Tobacco ADDRESSEE (c/o) (If different from or in addition to the Legal Business NUMBER AND STREET, P. O. BOX or RFD NO.	ZIP TS? eparate address ddresses use For ADDRESS ON Li Withholding Motor Carrier Name)	COUNTY Yes es, please complete orm CRF-003. INE 11 ABOVE.	on address of business of business 13 and 14	PHONE and indicate the
12 NO1 13 A B	LOCATION ADDRESS, NUMBER AND STREET SUITE/APART (You CANNOT use a Post Office Box for the location) CITY STATE IS THE ABOVE ADDRESS LOCATED WITHIN THE CITY LIMIT TE: To have correspondence and reporting forms sent to serelated tax type(s) for each. To list additional mailing at MAILING ADDRESS – IF DIFFERENT FROM THE LOCATION (Please identify tax type(s) to be mailed to the address below.) Sales and Use Tobacco ADDRESSEE (c/o) (If different from or in addition to the Legal Business) NUMBER AND STREET, P. O. BOX or RFD NO.	ZIP TS? eparate address ddresses use For ADDRESS ON Li Withholding Motor Carrier Name)	COUNTY Yes es, please complete orm CRF-003. INE 11 ABOVE. r / Tanker Truck COUNTY	On address of business of business 13 and 14	PHONE and indicate the
12 NO1 13 A B C	LOCATION ADDRESS, NUMBER AND STREET SUITE/APART (You CANNOT use a Post Office Box for the location) CITY STATE IS THE ABOVE ADDRESS LOCATED WITHIN THE CITY LIMITE: To have correspondence and reporting forms sent to selated tax type(s) for each. To list additional mailing at MAILING ADDRESS – IF DIFFERENT FROM THE LOCATION (Please identify tax type(s) to be mailed to the address below.) Sales and Use Tobacco ADDRESSEE (c/o) (If different from or in addition to the Legal Business NUMBER AND STREET, P. O. BOX or RFD NO.	ZIP TS? eparate address ddresses use For ADDRESS ON Li Withholding Motor Carrier Name)	COUNTY Yes es, please complete orm CRF-003. INE 11 ABOVE. r / Tanker Truck COUNTY	On address of business of business 13 and 14	PHONE and indicate the
12 NOT 13 A B C D	LOCATION ADDRESS, NUMBER AND STREET SUITE/APART (You CANNOT use a Post Office Box for the location) CITY STATE IS THE ABOVE ADDRESS LOCATED WITHIN THE CITY LIMIT TE: To have correspondence and reporting forms sent to send to send to the location of th	ZIP TS? eparate address ddresses use For ADDRESS ON Li Withholding Motor Carrier Name) ZIP	COUNTY Yes es, please complete orm CRF-003. INE 11 ABOVE. r / Tanker Truck COUNTY	On address of business of busi	PHONE and indicate the
12 NOT 13 A B C D	LOCATION ADDRESS, NUMBER AND STREET SUITE/APART (You CANNOT use a Post Office Box for the location) CITY STATE IS THE ABOVE ADDRESS LOCATED WITHIN THE CITY LIMIT TE: To have correspondence and reporting forms sent to send to send to the location of th	ZIP TS? eparate address ddresses use For ADDRESS ON Li Withholding Motor Carrier Name) ZIP ZIP	COUNTY Yes es, please complete orm CRF-003. INE 11 ABOVE. r / Tanker Truck COUNTY	On address of business of busi	PHONE and indicate the
12 NOT 13 A B C D	LOCATION ADDRESS, NUMBER AND STREET SUITE/APART (You CANNOT use a Post Office Box for the location) CITY STATE IS THE ABOVE ADDRESS LOCATED WITHIN THE CITY LIMIT TE: To have correspondence and reporting forms sent to send to send to the location of th	ZIP TS? eparate address ddresses use For ADDRESS ON Li Withholding Motor Carrier Name) ZIP I to be mailed to to to Withholding Motor Carrier	COUNTY Yes es, please complete orm CRF-003. INE 11 ABOVE. r / Tanker Truck COUNTY he address below.)	On address of business of busi	PHONE and indicate the el Distributor PHONE
12 NOT 13 A B C D	LOCATION ADDRESS, NUMBER AND STREET SUITE/APART (You CANNOT use a Post Office Box for the location) CITY STATE IS THE ABOVE ADDRESS LOCATED WITHIN THE CITY LIMIT TE: To have correspondence and reporting forms sent to send to send to the location of th	ZIP TS? eparate address ddresses use For ADDRESS ON Li Withholding Motor Carrier Name) ZIP I to be mailed to to to Withholding Motor Carrier	COUNTY Yes es, please complete orm CRF-003. INE 11 ABOVE. r / Tanker Truck COUNTY he address below.)	On address of business of busi	PHONE and indicate the el Distributor PHONE
12 NOT 13 A B C D	LOCATION ADDRESS, NUMBER AND STREET SUITE/APART (You CANNOT use a Post Office Box for the location) CITY STATE IS THE ABOVE ADDRESS LOCATED WITHIN THE CITY LIMITE: To have correspondence and reporting forms sent to some related tax type(s) for each. To list additional mailing at MAILING ADDRESS – IF DIFFERENT FROM THE LOCATION (Please identify tax type(s) to be mailed to the address below.) Sales and Use Tobacco ADDRESSEE (c/o) (If different from or in addition to the Legal Business NUMBER AND STREET, P. O. BOX or RFD NO. CITY STATE ADDITIONAL MAILING ADDRESS – (Please identify tax type(s) Sales and Use Tobacco ADDRESSEE (c/o) (If different from or in addition to the Legal Business International Control of t	ZIP TS? eparate address ddresses use For ADDRESS ON Li Withholding Motor Carrier Name) ZIP I to be mailed to to to Withholding Motor Carrier	COUNTY Yes es, please complete orm CRF-003. INE 11 ABOVE. r / Tanker Truck COUNTY he address below.)	On address of business of busi	PHONE and indicate the el Distributor PHONE
12 NOT 13 A B C D	LOCATION ADDRESS, NUMBER AND STREET SUITE/APART (You CANNOT use a Post Office Box for the location) CITY STATE IS THE ABOVE ADDRESS LOCATED WITHIN THE CITY LIMIT TE: To have correspondence and reporting forms sent to send to send to the location of th	ZIP TS? eparate address ddresses use For ADDRESS ON Li Withholding Motor Carrier Name) ZIP I to be mailed to to to Withholding Motor Carrier	COUNTY Yes es, please complete orm CRF-003. INE 11 ABOVE. r / Tanker Truck COUNTY he address below.)	On address of business of busi	PHONE and indicate the el Distributor PHONE
12 NOT 13 A B C D	LOCATION ADDRESS, NUMBER AND STREET SUITE/APART (You CANNOT use a Post Office Box for the location) CITY STATE IS THE ABOVE ADDRESS LOCATED WITHIN THE CITY LIMITE: To have correspondence and reporting forms sent to some related tax type(s) for each. To list additional mailing at MAILING ADDRESS – IF DIFFERENT FROM THE LOCATION (Please identify tax type(s) to be mailed to the address below.) Sales and Use Tobacco ADDRESSEE (c/o) (If different from or in addition to the Legal Business NUMBER AND STREET, P. O. BOX or RFD NO. CITY STATE ADDITIONAL MAILING ADDRESS – (Please identify tax type(s) Sales and Use Tobacco ADDRESSEE (c/o) (If different from or in addition to the Legal Business International Control of t	ZIP TS? eparate address ddresses use For ADDRESS ON Li Withholding Motor Carrier Name) ZIP I to be mailed to to to Withholding Motor Carrier	COUNTY Yes es, please complete orm CRF-003. INE 11 ABOVE. r / Tanker Truck COUNTY he address below.)	On address of business of busi	PHONE and indicate the el Distributor PHONE
12 NOT 13 A B C D	LOCATION ADDRESS, NUMBER AND STREET SUITE/APART (You CANNOT use a Post Office Box for the location) CITY STATE IS THE ABOVE ADDRESS LOCATED WITHIN THE CITY LIMITE: To have correspondence and reporting forms sent to some related tax type(s) for each. To list additional mailing at MAILING ADDRESS – IF DIFFERENT FROM THE LOCATION (Please identify tax type(s) to be mailed to the address below.) Sales and Use Tobacco ADDRESSEE (c/o) (If different from or in addition to the Legal Business NUMBER AND STREET, P. O. BOX or RFD NO. CITY STATE ADDITIONAL MAILING ADDRESS – (Please identify tax type(s) Sales and Use Tobacco ADDRESSEE (c/o) (If different from or in addition to the Legal Business International Control of t	ZIP TS? eparate address ddresses use For ADDRESS ON Li Withholding Motor Carrier Name) ZIP I to be mailed to to to Withholding Motor Carrier	COUNTY Yes es, please complete orm CRF-003. INE 11 ABOVE. r / Tanker Truck COUNTY he address below.)	On address of business of busi	PHONE and indicate the el Distributor PHONE

(Please Read Instructions Before Completing)

			Joi be comp	icted for yo	ui applicati	on to be accep	tea.)	
15	CHECK ALL THAT	CAPPLY Owner Partner Officer	☐ Sha	rent Company areholder ohol Licensee	☐ Tol	nager pacco Licensee pacco Distributor		Related Busin Motor Fuel Si Managing Me
Α	BUSINESS NAME		AIC	onoi Licensee			or LICENSE N	
В	GA SALES TAX N	<u>O</u> .				GA V	VITHHOLDIN	IG TAX NO.
				CIDOT	NA I			
С	LAST NAME			FIRST	M.I.	TITLE	5001/	AL SECURITY
D	ADDRESS							
Е	CITY		STATE	ZIP (COUNTY	COUNTR	Y PHO	NE
16	CHECK ALL THAT	Owner Partner Officer	☐ St	arent Company nareholder cohol Licensee	☐ Tol	nager acco Licensee acco Distributor	☐ Mo	elated Busines otor Fuel Supp anaging Memb
Α	BUSINESS NAME					5110	or LICENSE N	NO.
В	GA SALES TAX N	0.				GA V	VITHHOLDIN	IG TAX NO.
С	LAST NAME			FIRST	M.I.	TITLE	SOCI	AL SECURIT
D	ADDRESS							
E	CITY		STATE	ZIP (COUNTY	COUNTR	Y PHO	NE
	<u> </u>	(TO PEDODT	ADDITIONAL	DEL 471011	OLUBO LIGE	FORM ORE OF	141	
			ADDITIONAL	RELATIONS	5HIP5. USE	FURIN CRF-00	14)	
		•	SALES AN	ND USE TAX	X SECTION	FORM CRF-00		
17	Retail Wholesale	INESS (If combinat %	SALES AN ion of two or more Services Construction	ND USE TAX e, list approxima % %	X SECTION ate percentages	of receipts. Must cturing	equal 100%.) %) Mining Other
17	Retail Wholesale	INESS (If combinat	SALES AN ion of two or more Services Construction	ND USE TAX e, list approxima % %	X SECTION ate percentages	of receipts. Must cturing	equal 100%.) %	Mining
18	Retail Wholesale WHAT KIND OF B	INESS (If combinat %	SALES AN ion of two or more Services Construction DU OPERATE? (I	ND USE TAX e, list approxima % %	X SECTION ate percentages	of receipts. Must cturing sing bld or service provided No	equal 100%.) %	Mining
18	Retail Wholesale WHAT KIND OF B WILL YOU SELL A WILL YOU SELL F WILL YOU SELL OF	INESS (If combinat %	SALES AN ion of two or more Services Construction DU OPERATE? (I) RAGES? PRODUCTS? R MOTOR FUEL?	ND USE TAX e, list approxima % % Be specific as t	X SECTION ate percentages	of receipts. Must cturing sing old or service provided No Service	equal 100%.) %	Mining Other
18 19 20	Retail Wholesale WHAT KIND OF B WILL YOU SELL A WILL YOU SELL F WILL YOU SELL C The dealer response	INESS (If combinat % SUSINESS WILL YOU ALCOHOLIC BEVEI RETAIL TOBACCO GASOLINE AND/OF	SALES AN ion of two or more Services Construction DU OPERATE? (I) RAGES? PRODUCTS? R MOTOR FUEL? tax on gasoline an	ND USE TAX e, list approxima % Be specific as t	X SECTION ate percentages	of receipts. Must cturing of sing of service provided in the service provided	equal 100%.) %	Mining Other
18 19 20 21	Retail Wholesale WHAT KIND OF B WILL YOU SELL A WILL YOU SELL G WILL YOU SELL G The dealer responsible MAME WHEN DID OR WILL Date	INESS (If combinat % % SUSINESS WILL YOU ALCOHOLIC BEVEL RETAIL TOBACCO GASOLINE AND/OF sible for paying the	SALES AN ion of two or more Services Construction DU OPERATE? (I) RAGES? PRODUCTS? R MOTOR FUEL? tax on gasoline an	ND USE TAX e, list approxima % Be specific as t	X SECTION ate percentages	of receipts. Must cturing sing old or service provided by the service provided	equal 100%.) %	Mining Other / / pecify the nan
18 19 20 21	Retail Wholesale WHAT KIND OF B WILL YOU SELL A WILL YOU SELL C The dealer responsing NAME WHEN DID OR WI Date WHAT ACCOUNT WILL YOU HAVE	INESS (If combinat %	SALES AN ion of two or more Services Construction DU OPERATE? (I RAGES? PRODUCTS? R MOTOR FUEL? tax on gasoline an ELLING OR PURC I L YOU USE?	Be specific as t challenge of the control of the c	X SECTION ate percentages	of receipts. Must cturing of sing of service provided by the control of the contr	equal 100%.) %	Mining Other / / pecify the nar
18 19 20 21 22 23 24	Retail Wholesale WHAT KIND OF B WILL YOU SELL A WILL YOU SELL OT The dealer responsion NAME WHEN DID OR WID Date WHAT ACCOUNT WILL YOU HAVE IS SECTION. If "No"	INESS (If combinat %	SALES AN ion of two or more Services Construction DU OPERATE? (I RAGES? PRODUCTS? R MOTOR FUEL? tax on gasoline an ELLING OR PURC I L YOU USE? Inplete Signature S WITHHO	Be specific as t CHASING ITEM Yes Section. LDING TAX	X SECTION ate percentages Manufa Proces to the product s Yes Yes Yes Sales, if other SALE MS SUBJECT T Cash No If "Ye	of receipts. Must cturing sing old or service provided by the service provided	equal 100%.) %	Mining Other / / pecify the nan
18 19 20 21 22 23	Retail Wholesale WHAT KIND OF B WILL YOU SELL A WILL YOU SELL OT The dealer responsion NAME WHEN DID OR WID Date WHAT ACCOUNT WILL YOU HAVE IS SECTION. If "No",	INESS (If combinat %	SALES AN ion of two or more Services Construction DU OPERATE? (I RAGES? PRODUCTS? R MOTOR FUEL? tax on gasoline an ELLING OR PURC I L YOU USE? Inplete Signature S WITHHO FILING AND REN blicant or Payroll S	Be specific as t CHASING ITEM Yes Section. LDING TAX MITTING THE F Service Bureau	X SECTION ate percentages	of receipts. Must cturing sing Old or service provious No No No No No No No STAX NO. O SALES TAX? Basis Accomplete the fol	equal 100%.)	Mining Other / / pecify the nan
18 19 20 21 22 23 24 25	Retail Wholesale WHAT KIND OF B WILL YOU SELL A WILL YOU SELL C The dealer respons NAME WHEN DID OR WI Date WHAT ACCOUNT WILL YOU HAVE I SECTION. If "No", WHO WILL BE RE If "Other", list the INAME DO YOU EXPECT	INESS (If combinat %	SALES AN ion of two or more Services Construction OU OPERATE? (I RAGES? PRODUCTS? R MOTOR FUEL? tax on gasoline an ELLING OR PURC I L YOU USE? Inplete Signature S WITHHO FILING AND REM blicant or Payroll S holding No. of the	Be specific as t Ond/or motor fue CHASING ITEM Yes Section. LDING TAX MITTING THE F Service Bureau business response.	X SECTION ate percentages	of receipts. Must cturing sing Old or service provious No No No No No No No STAX NO. O SALES TAX? Basis Acordinate of the fole ES FOR YOUR EM Other ng these taxes.	equal 100%.)	Mining Other / / Decify the nan
18 19 20 21 22 23 24 25 26 27	Retail Wholesale WHAT KIND OF B WILL YOU SELL A WILL YOU SELL OT The dealer respons NAME WHEN DID OR WID Date WHAT ACCOUNT WILL YOU HAVE ISECTION. If "No", WHO WILL BE RE If "Other", list the IN NAME DO YOU EXPECT HOW MANY EMP	INESS (If combinat %	SALES AN ion of two or more Services Construction OU OPERATE? (I) RAGES? PRODUCTS? R MOTOR FUEL? tax on gasoline an ELLING OR PURC I L YOU USE? Inplete Signature S WITHHO FILING AND REN olicant or Payroll S holding No. of the ORE THAN \$200 IIS BUSINESS HA	Be specific as t CHASING ITEM Yes CHASING TEM Bection. LDING TAX MITTING THE F Service Bureau business responses respon	X SECTION ate percentages	of receipts. Must cturing sing old or service provided by the service provided	equal 100%.) Grade	Mining Other / / Decify the nar
18 19 20 21 22 23 24 25	Retail Wholesale WHAT KIND OF B WILL YOU SELL A WILL YOU SELL OT The dealer respons NAME WHEN DID OR WID Date WHAT ACCOUNT WILL YOU HAVE ISECTION. If "No", WHO WILL BE RE If "Other", list the IN NAME DO YOU EXPECT HOW MANY EMP	INESS (If combinat %	SALES AN ion of two or more Services Construction OU OPERATE? (I) RAGES? PRODUCTS? R MOTOR FUEL? tax on gasoline an ELLING OR PURC I L YOU USE? Inplete Signature S WITHHO FILING AND REN olicant or Payroll S holding No. of the ORE THAN \$200 IIS BUSINESS HA R WILL FIRST BE	Be specific as t CHASING ITEM CHASING TEM CHASING TEM Bection. LDING TAX MITTING THE F Service Bureau business responsives responsives and the service business responsive business respon	X SECTION ate percentages	of receipts. Must cturing sing old or service provided by the service provided	equal 100%.) Grade	Mining Other / / Decify the nar
18 19 20 21 22 23 24 25 26 27 28	Retail Wholesale WHAT KIND OF B WILL YOU SELL A WILL YOU SELL OT The dealer respons NAME WHEN DID OR WID Date WHAT ACCOUNT WILL YOU HAVE ISECTION. If "No", WHO WILL BE RE If "Other", list the IN NAME DO YOU EXPECT HOW MANY EMP	INESS (If combinat %	SALES AN ion of two or more Services Construction DU OPERATE? (I) RAGES? PRODUCTS? R MOTOR FUEL? tax on gasoline an ELLING OR PURC I L YOU USE? Inplete Signature S WITHHO FILING AND REN olicant or Payroll S holding No. of the ORE THAN \$200 IIS BUSINESS H/ R WILL FIRST BE SIGNAT	e, list approxima % Be specific as t Ind/or motor fue CHASING ITEM CHASING TAX MITTING THE F Service Bureau business responsives responsive on WILL I E PAID? URE SECTION WE SECTION URE SECTION WE SECTION URE SECTION WE SECTION	X SECTION ate percentages	of receipts. Must cturing sing on the cturing sing of the cturing	equal 100%.)	Mining Other / / Decify the nan
18 19 20 21 22 23 24 25 26 27 28	Retail Wholesale WHAT KIND OF B WILL YOU SELL A WILL YOU SELL F WILL YOU SELL G The dealer respons NAME WHEN DID OR W Date WHAT ACCOUNT WILL YOU HAVE I SECTION. If "No", WHO WILL BE RE If "Other", list the INAME DO YOU EXPECT HOW MANY EMPI DATE ON WHICH	INESS (If combinat %	SALES AN ion of two or more Services Construction DU OPERATE? (I) RAGES? PRODUCTS? R MOTOR FUEL? tax on gasoline an ELLING OR PURC I L YOU USE? Inplete Signature S WITHHO FILING AND REN olicant or Payroll S holding No. of the ORE THAN \$200 IIS BUSINESS H/ R WILL FIRST BE SIGNAT	e, list approxima % Be specific as t Ind/or motor fue CHASING ITEM CHASING TAX MITTING THE F Service Bureau business responsives responsive on WILL I E PAID? URE SECTION WE SECTION URE SECTION WE SECTION URE SECTION WE SECTION	X SECTION ate percentages	of receipts. Must cturing sing on the cturing sing of the cturing	equal 100%.)	Mining Other / / Decify the nan