



Registration and Application for Permit

Mark appropriate box(es) for the tax type(s) you are registering:

Lodging Facility Tax (LFT) Rental Vehicle Tax (RVT) Withholding Tax (WTH)

1. Federal ID No.	. Federal ID No. 2. Enter date you are starting business							
Social Security No								
3. Legal Owner's Name		4. DBA						
5. Legal Business Address (must be a street address)								
City	State	Zip Co	ode					
6. Mailing Address								
City	State	Zip Code						
7. Contact Person	Phone	FAX No	E-mail					
8. Type of Business (check all that apply)  Individual Partnership LLP LLC (check one below)  Sub S Corp. Government Member Managed  Agricultural Manager Managed  9. Reason for application: (check applicable box and complete section below if indicated. See instructions on back.)  Started new business Purchased existing business Re-registration Other (Please attach explanation)								
10. All registrants complete the Complete this section for individual business.	ne following sections as required Owner Name	:		Phone				
Complete this section if business is a partnership, LLC, LLP, Sub S Corp. or "C" Corporation. List additional partners on reverse side of this form.	President or Partner Secretary or Partner Treasurer or Partner		SS# SS# SS#	Phone Phone Phone				
Complete this section if you purchased an existing business.	Previous Business Name Date Acquired  Previous Owner(s)		quired					
(LFT and RVT only) Complete this section for each location. (attach additional pages if necessary). See instructions on back.	Doing Business as (DBA) Na  DBA Business Address (physical City State  Contact Person  Nature of Business  Are you a seasonal business  If yes, what months are you in the contact points are your in the contact points.	zip Code Zip Code	County	Phone				
	Is this facility within city limits? ☐Yes ☐ No							

## **Registration Instructions**

Item 1 Item 2 Items 3-6	Enter the date you started business. For withholding purposes, the date employees started work.  Please enter the legal name and address information associated with the federal identification number or social security number listed (as reported to the Internal Revenue Service). Include any DBA names.					
Item 7	List the pe			concerning your accounts with the Department of		
Item 8	Revenue. Select the	type of busine	ss entity you are registering.			
Item 9	Enter the reason for your registration.					
Item 10			t corresponds to your answer ember to include addresses a	to items 8 and 9. List all owners, partners or		
	•			na dodiai dodanty framboro.		
		ners or corpor	ate officers	Social Security Number		
Name and Address				Social Security Number		
LET and D						
LFT and R		ocation informa	ation. It is important to identify	if the facility is inside or outside the city limits and		
				one facility, you must provide name and address		
information for	or each individ	lual location. E	ach location will be issued a p	permit for the sales and use tax.		
List additiona	al facilities (LF	T and RVT onl	v) Attach a separate sheet if	there are more than two additional facilities.		
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Doing Bu	usingga og (DE	A) Nome				
Doing Bu	usiness as (DB	sa) name				
DBA Bus	siness Address	s (physical loca	tion)			
	: City	State	Zip Code	County		
	Jity	State	Zip Code	County		
Contact F	Person			Phone		
Doing Bu	usiness as (DB	SA) Name				
DBA Bus	iness Address	s (physical loca	tion)			
			·			
(	City	State	Zip Code	County		
Contact F	Person			Phone		
Nature of Bu	siness					
•		ss? □Yes □				
		u in operation?				
is this facility	within city lim	its? □Yes □	NO			

Mail completed form to: Business Registration Montana Department of Revenue PO Box 5805 Helena, MT 59604

Phone: (406) 444-6900 FAX: (406) 444-0750