

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



	ged. The licensee is requesting the following rate Form CD-100 must be submitted per loc				· ·			
	inge in Contact Information							
В	Business Name (DBA)							
M	Mailing Address							
L								
Ci	ity / Town	State	Zip Code + 4	(or Canadian Postal Code)				
Te	elephone Number E-Mai	il Address						
	4.							
C	Contact Person Last Name	Contact Person First Name	Title		Phone Nu	mber		
N	IH Banking Institution		Account Holder Name					
L								
ıa	nge in Business Status (by location)							
TC	Business at this location suspended or c Business at this location continued with	discontinued entirely, wit nout taxable sales as of MM		MMDDYYYY	t any part	of this s	section	1.
	Business at this location suspended or c	discontinued entirely, with a solution out taxable sales as of MA by a new owner as of	hout a new owner as	MMDDYYYY s of		of this s	section	1.
	Business at this location suspended or c Business at this location continued with Business at this location was acquired b	discontinued entirely, with a solution out taxable sales as of MA by a new owner as of	hout a new owner as	MMDDYYYY s of		Title	section	1.
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	Last Name and Suffix	First Name	Wii Tide	Social Security Number
(b).				
	Residence Address - No PO Boxes		Phone Number	
				Add
	City (Taylor		7in Cada y 4 (an Canadian Dastal Cada	OR Remove
	City / Town	State	Zip Code + 4 (or Canadian Postal Code)
	Last Name and Suffix	First Name	MI Title	Social Security Number
1(c).				
	Residence Address - No PO Boxes		Phone Number	
				Add
	City / Town	State	Zip Code + 4 (or Canadian Postal Code	OR
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