



MEALS & RENTALS REQUEST TO UPDATE OR CHANGE LICENSE

Business Name (DBA): Operator License Number:

Notice is hereby given to the New Hampshire Department of Revenue Administration that the information **for the license number listed above** changed. The licensee is requesting the following change in filing requirements and/or providing the updated changes as prescribed in RSA 78-A. A separate Form CD-100 must be submitted per location. **Please list changes below.**

STEP 1 - CHANGE IN CONTACT INFORMATION

Business Name (DBA)
1.

Mailing Address
2.

City / Town State Zip Code + 4 (or Canadian Postal Code)

Business Telephone Number Contact Person E-Mail Address
3. 4.

Contact Person Last Name Contact Person First Name Title Telephone Number
5.

NH Banking Institution (RSA 78-A:7, II) Account Holder Name
6.

STEP 2 - CHANGE IN BUSINESS STATUS (BY LOCATION)

NOTE: You must surrender your current Meals & Rentals Tax License with this form if you have filled out any part of this section.

7. Business uses only a facilitator as of:

8. Business at this location suspended or discontinued entirely, without a new owner as of:

9. Business at this location continued without taxable sales as of:

10. Business at this location was acquired by a new owner as of:

Name of New Owner Contact Person Last Name Contact Person First Name Title

Address of New Owner Telephone Number

City / Town State Zip Code + 4 (or Canadian Postal Code)

11. Business moved to a new location (not a new owner) as of:

New Location Address

City / Town State Zip Code + 4 (or Canadian Postal Code)

NOTE: A Form CD-3 must be submitted to request a new Meals & Rentals Tax License if box 10 or 11 is checked.



MEALS & RENTALS REQUEST TO UPDATE OR CHANGE LICENSE (continued)

STEP 3 - CHANGE IN PARTNERS, LLC MANAGERS/MEMBERS, CORPORATE OFFICERS, AND ANY OTHER PERSON IN A MANAGERIAL CAPACITY

12. List the Individual, Owner, Partner, LLC Manager, LLC Member, Corporate Officer or S-Corp Shareholder who is hereby designated as being the primary individual responsible for collecting and remitting the Meals & Rentals Tax. This primary Responsible Party must sign this document. (If more space is needed attach additional sheets.)

Last Name and Suffix		First Name	MI	Title	Social Security Number
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Residence Address - No PO Boxes					Phone Number
<input type="text"/>					<input type="text"/>
City / Town	State	Zip Code + 4 (or Canadian Postal Code)			ADD <input type="checkbox"/> Date individual has been added or removed. or MMDDYYYY REMOVE <input type="checkbox"/> <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>			

CHECK ONE:

- The primary responsible party has never held a New Hampshire Meals & Rentals Tax Operators License.
- The primary responsible party holds, or previously held, the following Meals & Rentals Tax Operators License number(s).

13. List all Owners, Partners, LLC Managers, LLC Members, Corporate Officers, S-Corp Shareholders, and any Person in a Managerial Capacity on Lines 13(a) and 13(b). (If more space is needed attach additional sheets.) See instructions for more information.

13(a). Type of Business Entity: Proprietorship Corporation Partnership Fiduciary Non-Profit

Business Entity/Last Name	First Name	MI	Title
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Taxpayer Identification Number	<input type="checkbox"/> FEIN	<input type="checkbox"/> SSN	Phone Number
<input type="text"/>			<input type="text"/>

Residence or Physical Address - No PO Boxes			ADD <input type="checkbox"/> Date individual has been added or removed. or MMDDYYYY REMOVE <input type="checkbox"/> <input type="text"/>
City / Town	State	Zip Code + 4 (or Canadian Postal Code)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

- This individual or business entity has never held a New Hampshire Meals & Rentals Tax Operators License **OR**
- This individual or business entity holds, or previously held, the following Meals & Rentals Tax Operators License number(s):
- This individual or business entity will have a mere ownership interest in the licensed entity listed in step 1 only. This individual or business entity will NOT have actual or constructive managerial or custodial responsibility for the collection and transmission of the Meals & Rentals tax subject to demand under RSA 78-A. **If this box is checked, Statement I is required.**

This designation will be used for informational purposes and is not binding on the New Hampshire Department of Revenue Administration.



MEALS & RENTALS REQUEST TO UPDATE OR CHANGE LICENSE (continued)

13(b). Type of Business Entity: Proprietorship Corporation Partnership Fiduciary Non-Profit
 Business Entity/Last Name First Name MI Title

Taxpayer Identification Number

FEIN SSN

Phone Number

Residence or Physical Address - No PO Boxes

City / Town

State

Zip Code + 4 (or Canadian Postal Code)

ADD Date individual has been added or removed.
 OR
 REMOVE MMDDYYYY

- This individual or business entity has never held a New Hampshire Meals & Rentals Tax Operators License **OR**
- This individual or business entity holds, or previously held, the following Meals & Rentals Tax Operators License number(s):

- This individual or business entity will have a mere ownership interest in the licensed entity listed in step 1 only. This individual or business entity will NOT have actual or constructive managerial or custodial responsibility for the collection and transmission of the Meals & Rentals tax subject to demand under RSA 78-A. **If this box is checked, Statement I is required.**

This designation will be used for informational purposes and is not binding on the New Hampshire Department of Revenue Administration.

STEP 4 - CHANGE IN FILING REQUIREMENTS

- 14. I request permission to file as a seasonal operator.
- 15. I request permission to change my seasonal months.

Please specify the seasonal months for which you request permission to file Meals & Rentals Tax returns, if you checked box 14 or 15.

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.

- 16. 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 16.

- 17. **REQUEST TO FILE QUARTERLY RETURNS (Rev 706.02)** - 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, and 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.

STEP 5 - SIGNATURES

Complete pages 1-3 and submit to the NH Department of Revenue Administration along with Statement I, if required.

I declare that I am authorized to sign on behalf of the owner applying for a license, that I am the designated primary Responsible Party listed on Line 12, 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 under the pains and penalties of perjury. If signed by an authorized representative, include Power of Attorney Form DP-2848.

Signature (in ink) of Authorized Officer/Representative

MMDDYYYY

Print Signatory Name & Title
