



Registration/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 Number _____
 Social Security Number _____
2. Enter date you are starting business _____
3. Legal Owner's Name _____ 4. DBA _____
5. Legal Business Address (must be a street address) _____
 City _____ State _____ Zip Code _____
6. Mailing Address _____
 City _____ State _____ Zip Code _____
7. Contact Person _____ Phone _____ FAX _____ E-mail _____
8. Type of Business (check all that apply)
 Individual Partnership LLP LLC (check one below)
 S corporation C corporation 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)

All registrants complete the following sections as required:

10. Complete this section for individual business.	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; border-bottom: 1px solid black; text-align: center;">Owner Name</td> <td style="width: 33%; border-bottom: 1px solid black; text-align: center;">Social Security Number</td> <td style="width: 33%; border-bottom: 1px solid black; text-align: center;">Phone</td> </tr> </table>	Owner Name	Social Security Number	Phone																													
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11. Complete this section if business is a partnership, LLC, LLP, Sub S. corporation or C. corporation (attach additional pages if necessary.) See instructions on back.	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; border-bottom: 1px solid black; text-align: center;">President or Partner</td> <td style="width: 33%; border-bottom: 1px solid black; text-align: center;">Social Security Number</td> <td style="width: 33%; border-bottom: 1px solid black; text-align: center;">Phone</td> </tr> <tr> <td style="border-bottom: 1px solid black; text-align: center;">Secretary or Partner</td> <td style="border-bottom: 1px solid black; text-align: center;">Social Security Number</td> <td style="border-bottom: 1px solid black; text-align: center;">Phone</td> </tr> <tr> <td style="border-bottom: 1px solid black; text-align: center;">Treasurer or Partner</td> <td style="border-bottom: 1px solid black; text-align: center;">Social Security Number</td> <td style="border-bottom: 1px solid black; text-align: center;">Phone</td> </tr> </table>	President or Partner	Social Security Number	Phone	Secretary or Partner	Social Security Number	Phone	Treasurer or Partner	Social Security Number	Phone																							
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12. Complete this section if you purchased an existing business.	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; border-bottom: 1px solid black; text-align: center;">Previous Business Name</td> <td style="width: 30%; border-bottom: 1px solid black; text-align: center;">Date Acquired</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black; text-align: center;">Previous Owner(s)</td> </tr> </table>	Previous Business Name	Date Acquired	Previous Owner(s)																													
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13. (LFT and RVT only) Complete this section for <i>each</i> location (attach additional pages if necessary.) See instructions on back.	<table style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="4" style="border-bottom: 1px solid black; text-align: center;">Doing Business As (DBA) Name</td> </tr> <tr> <td colspan="4" style="border-bottom: 1px solid black; text-align: center;">DBA Business Address (physical location)</td> </tr> <tr> <td style="width: 25%; border-bottom: 1px solid black; text-align: center;">City</td> <td style="width: 25%; border-bottom: 1px solid black; text-align: center;">State</td> <td style="width: 25%; border-bottom: 1px solid black; text-align: center;">Zip Code</td> <td style="width: 25%; border-bottom: 1px solid black; text-align: center;">County</td> </tr> <tr> <td colspan="3" style="border-bottom: 1px solid black; text-align: center;">Contact Person</td> <td style="border-bottom: 1px solid black; text-align: center;">Phone</td> </tr> <tr> <td colspan="4" style="border-bottom: 1px solid black; text-align: center;">Nature of Business</td> </tr> <tr> <td colspan="4">Are you a seasonal business? <input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td colspan="4">If yes, what months are you in operation? _____</td> </tr> <tr> <td colspan="4">Is this facility within city limits? <input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> </table>	Doing Business As (DBA) Name				DBA Business Address (physical location)				City	State	Zip Code	County	Contact Person			Phone	Nature of Business				Are you a seasonal business? <input type="checkbox"/> Yes <input type="checkbox"/> No				If yes, what months are you in operation? _____				Is this facility within city limits? <input type="checkbox"/> Yes <input type="checkbox"/> No			
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Registration Instructions

- Item 1 List federal identification number or social security number used to report to the Internal Revenue Service.
- Item 2 Enter the date you started business. For withholding purposes, this is the date employees started work.
- Items 3-6 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 person that you wish contacted for questions concerning your accounts with the Department of Revenue.
- Item 8 Select the type of business entity you are registering.
- Item 9 Enter the reason for your registration.
- Item 10 Complete this section only if you are the sole-proprietor of the business.
- Item 11 List all partners or corporate officers. Attach additional pages if necessary.
- Item 12 Complete only if you purchased an existing business.
- Item 13 Complete this section for LFT or RVT registration only. Provide the information in Item 13 for each location your business is operating. Attach additional pages if necessary.

Mail completed form to:

Business Registration
Montana Department of Revenue
PO Box 5805
Helena, MT 59604

Fax completed form to:

(406) 444-0750

OR

Questions? Please call us at (406) 444-6900

Attention New Montana Accommodations

The Montana Promotion Division of the Department of Commerce (Travel Montana) provides complete listings of Montana accommodations, both in print and electronic format, to the consumer. These listings are done as a service to your business and the consumer. There is no cost to be listed.

Do you want the Department of Revenue to release your Lodging Facility Tax information and account ID number to the Montana Promotion Division for the purpose of being listed in "Travel Montana"? Yes No

Signature

Date