



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. <input type="checkbox"/> Federal ID Number _____	2. Enter date you are starting business _____
<input type="checkbox"/> Social Security Number _____	
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)	
<input type="checkbox"/> Individual	<input type="checkbox"/> Partnership
<input type="checkbox"/> S corporation	<input type="checkbox"/> C corporation
<input type="checkbox"/> LLP	<input type="checkbox"/> Government
<input type="checkbox"/> Agricultural	<input type="checkbox"/> LLC (check one below)
	<input type="checkbox"/> Member Managed
	<input type="checkbox"/> Manager Managed
9. Reason for application: (Check applicable box and complete section below if indicated. See instructions on back.)	
<input type="checkbox"/> Started new business	<input type="checkbox"/> Purchased existing business
<input type="checkbox"/> Re-registration	<input type="checkbox"/> Other (Please attach explanation)

All registrants complete the following sections as required:

10. Complete this section for individual business.	Owner Name _____ Social Security Number _____ Phone _____
11. Complete this section if business is a partnership, LLC, LLP, S corporation or C corporation (attach additional pages if necessary.) See instructions on back.	President or Partner _____ Social Security Number _____ Phone _____
	Secretary or Partner _____ Social Security Number _____ Phone _____
	Treasurer or Partner _____ Social Security Number _____ Phone _____
12. Complete this section if you purchased an existing business.	Previous Business Name _____ Date Acquired _____ Previous Owner(s) _____
13. (LFT and RVT only) Complete this section for <i>each</i> location (attach additional pages if necessary.) See instructions on back.	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

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) 444-1505

OR

Click here to use our online *Electronic Business Registration*.

If you have questions, please call us toll free at (866) 859-2254 (in Helena, 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