

P.O. Box 13787 Research Triangle Park, NC 27709 Phone: (919) 549-9999 Fax: (919) 485-7491

REGISTRATION APPLICATION REGIONAL TRANSIT AUTHORITY VEHICLE RENTAL TAX

4.	1. 2. 3.		oration or lim	nited liability of	company (LL	C), enter Secr	retary of State I	Corporation LLC Other Identify						
Image: Section in NC. Daytime Business Telephone No. 100 k0 P.O. Box) Street City State Zip County 111 Mailing Address. (different from line 7) Street City State Zip County 102 Noth Carolina Sales & Use Tax Registration No	4.	Legal Name Trade Name					•							
Own PO. Box) Street City State Zip County 10 Mailing Address. Street City State Zip County 18 Federal Employer Identification No										ephone No.				
(If different from line 7) Steet City State Zip County 8. Federal Employer Identification No.	_	(Not P.C	(Not P.O. Box) Street						State	Zip	Cou	County		
(Required for both partnerships and corporations) 10. North Carolina Sales & Use Tax Registration No. 11. List primary partners or corporate offices (President, Vice-President, Secretary, Treasurer): NAME III E SOCIAL SECURITY NO. ADDRESS Image: Social difference of the secretary, Treasurer): Image: Social difference of the secretary, Treasurer): Image: Social difference of the secretary, Treasurer): Image: Social difference of the secretary, Treasurer): Image: Social difference of the secretary difference of the secretary, Treasurer): Image: Social difference of the secretary difference of the secretar		(If different from line 7) Street											-	
NAME ITTLE SOCIAL SECURITY NO. ADDRESS Image: Second		(Require	(Required for both partnerships and corporations) North Carolina Sales & Use Tax Registration No											
I3. No. of locations in WakeOrange Counties? If in more than one county, please answer (13a) below. I3a. List multiple locations by county: LOCATION NAME ADDRESS TELEPHONE NO. COUNTY (if different from co. name) ADDRESS TELEPHONE NO. COUNTY I4. Does the business lease or rent motor vehicles for less than one year? Yes No No 15. Anticipated monthly 5% vehicle rental tax: <\$50	11.						-		AL SECURIT	<u>Y NO.</u>	_	ADDRESS		
Is no. of locations in WakeOrange Counties? If in more than one county, please answer (13a) below. 13a. List multiple locations by county: Counties? If in more than one county, please answer (13a) below. 13a. List multiple locations by county: Countes? If in more than one county, please answer (13a) below. 13a. List multiple locations by county: COUNTY 13b COUNTY 14. Does the business lease or rent motor vehicles for less than one year? Yes No 15. Anticipated monthly 5% vehicle rental tax: Check Months of Sales JAN FB MAR APR MAY JUN JUL AUG NOV JAN FB MAR APR MAY JUN JUL AUG NOV DEC JAN FB														
(if different from co. name)		13. No. of locations in WakeDurhamOrangeCounties? If in more than one county, please answer (13a) below.												
15. Anticipated monthly 5% vehicle rental tax: \$50 - \$20,000 >\$20,000 16. Seasonal Business? Yes No if Yes: Check Months of Sales JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC 17. If this business was acquired, enter previous owner information:							TELEPHONE NO.			COUNTY				
15. Anticipated monthly 5% vehicle rental tax: \$50 - \$20,000 >\$20,000 16. Seasonal Business? Yes No if Yes: Check Months of Sales JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC 17. If this business was acquired, enter previous owner information:														
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JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC 17. If this business was acquired, enter previous owner information:	15.	15. Anticipated monthly 5% vehicle rental tax: $\square <$ \$50 $\square $ \$50 - \$20,000 $\square >$ \$20,00016. Seasonal Business? $\square $ Yes $\square $ No if Yes:												
Previous Owner's Name Previous Trade or Business Name Previous Withholding Identification No., if known: Previous Sales Tax No., if known Previous Sales Tax No., if known Registered agent in N.C 18. State of Incorporation (if other than (N.C.) Registered agent in N.C Name & Address Name & Address	J	IAN	FEB	MAR	APR	MAY			AUG	SEP	OCT	NOV	DEC	
Previous Withholding Identification No., if known: Previous Sales Tax No., if known 18. State of Incorporation (if other than (N.C.) Registered agent in N.C Name & Address	17.	If this b	ousiness was	acquired, ente	r previous ov	vner informati	ion:			<u> </u>			<u> </u>	
18. State of Incorporation (if other than (N.C.) Registered agent in N.C		Previous Withholding Identification No., if known:												
	18.	. State of Incorporation (if other than (N.C.) Registered agent in N.C												
Under nonaltics provided by law. I have by affirm that to the best of my knowledge and belief this application is two and complete		Name 8	& Address											
Under penalties provided by law, I hereby and in that to the best of my knowledge and benef this apprication is the and complete.	Und	der pena	lties provide	d by law, I h	ereby affirm	that to the b	est of my know	wledge and b	elief this app	lication is tr	rue and comp	lete.		
Signature Title Date	<u> </u>												_	