



1 — General Information

1a. Social Security Number (SSN)
(required for individual sole proprietor)

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Federal Employer Identification Number (EIN)
(required for all entities other than sole proprietor)

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1b. Existing Sales Tax Account Number
(required for all accounts, if issued)

S T C

1c. Name of Business Entity - PRINT If you are a sole proprietor, write your name here			Daytime phone number
Owner's street address			Cell phone number
City	County	State	ZIP code
Business website address (URL)			

1d. Certain Sales Activities

Mark "yes" for each question below that applies to any of the outlets you are reporting:

- a. Will you have sales of **grocery food**? Yes No
- b. Will you sell motor vehicles, aircraft, watercraft, manufactured homes, modular homes or mobile homes in municipalities imposing the resort communities tax? Yes No
- c. Will you have **retail sales of new tires**? Yes No
- d. Are you a **restaurant**? Yes No
- e. Will you **rent motor vehicles** to customers for 30 days or less? Yes No

2 — Additional/New Business Locations

DBA/Business Name Business or trade name at this physical location		Business start-date for this location		Office Use Only County <input style="width: 40px; height: 20px;" type="text"/> City Code <input style="width: 60px; height: 20px;" type="text"/> SIC Code <input style="width: 100px; height: 20px;" type="text"/> USTC SIC <input style="width: 100px; height: 20px;" type="text"/> NAICS <input style="width: 150px; height: 20px;" type="text"/> a. G b. X c. W d. T e. F f. L			
Physical street address of business (P.O. Box not acceptable)		Business telephone number					
City	County	State	ZIP code				
Required: Local government issuing business license for this location							
Business Description If business or product is different from main business location, describe here for this location.							
Lodging Services: Will you provide motel, hotel, trailer court, campground or other lodging services at this location? <input type="checkbox"/> Yes <input type="checkbox"/> No							

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DBA/Business Name Business or trade name at this physical location		Business start-date for this location		Office Use Only						
Physical street address of business (P.O. Box not acceptable)		Business telephone number						County	[][]	
City	County	State	ZIP code					City Code	[][][]	
Required: Local government issuing business license for this location								SIC Code	[][][][]	
Business Description If business or product is different from main business location, describe here for this location.								USTC SIC	[][][][]	
Lodging Services: Will you provide motel, hotel, trailer court, campground or other lodging services at this location? <input type="checkbox"/> Yes <input type="checkbox"/> No				NAICS	[][][][][][]					
				a. G	b. X	c. W	d. T	e. F	f. L	

DBA/Business Name Business or trade name at this physical location		Business start-date for this location		Office Use Only						
Physical street address of business (P.O. Box not acceptable)		Business telephone number						County	[][]	
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Required: Local government issuing business license for this location								SIC Code	[][][][]	
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Lodging Services: Will you provide motel, hotel, trailer court, campground or other lodging services at this location? <input type="checkbox"/> Yes <input type="checkbox"/> No				NAICS	[][][][][][]					
				a. G	b. X	c. W	d. T	e. F	f. L	

3 — Authorized Signature

Signature of Authorized Applicant or Owner (Application will not be accepted without original signature)

Date



Additional Business Locations for Sales Tax Accounts

General Information

Use this form to register additional business locations for a new or existing sales tax account.

Instructions

- 1a. A valid Social Security Number or Federal Employer Identification Number must be provided.
- 1b. If you are already registered with the Tax Commission and you are adding locations to an existing sales tax account, your Sales Tax Account Number is also required.
- 1c. You must provide the owner's name, daytime phone number, street address (PO Box not acceptable), city, county, state and ZIP.
2. You must provide all information for each location:
 - DBA/business name
 - Business telephone number
 - Physical street address of business
 - City, County, State and Zip code
 - Local government issuing business license
 - Business description, if business or product is different than at the main business location
3. The form must be signed by an authorized applicant or owner.

Return the completed form to the Tax Commission at the following address:

**Master File Maintenance
Utah State Tax Commission
210 North 1950 West
Salt Lake City, UT 84134-3310**