



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

- 1. Type Ownership: Individual Proprietorship Partnership Corporation LLC Other Identify
2. If corporation or limited liability company (LLC), enter Secretary of State Identification Number:
3. (If a corporation, enter the exact name by which you are registered with the Office of Secretary of State.)
4. Trade Name Daytime Business Telephone No.
6. Business Location in N.C. (Not P.O. Box) Street City State Zip County
7. Mailing Address. (If different from line 7) Street City State Zip County
8. Federal Employer Identification No. - 9. Individual Owner's S.S. No. -
10. North Carolina Sales & Use Tax Registration No.
11. List primary partners or corporate officers (President, Vice-President, Secretary, Treasurer):

NAME TITLE SOCIAL SECURITY NO. ADDRESS

Table with 4 columns: NAME, TITLE, SOCIAL SECURITY NO., ADDRESS. Contains 3 empty rows for data entry.

- 12. Is business located within city/town limit? Yes No If yes, name city/town:
13. No. of locations in Wake Durham Orange Counties? If in more than one county, please answer (13a) below.
13a. List multiple locations by county:

LOCATION NAME ADDRESS TELEPHONE NO. COUNTY

(if different from co. name)

Table with 4 columns: LOCATION NAME, ADDRESS, TELEPHONE NO., COUNTY. Contains 3 empty rows for data entry.

- 14. Does the business lease or rent motor vehicles for less than one year? Yes No
15. Anticipated monthly 5% vehicle rental tax: <\$50 \$50 - \$20,000 >\$20,000
16. Seasonal Business? Yes No if Yes:

Check Months of Sales

Table with 12 columns: JAN, FEB, MAR, APR, MAY, JUN, JUL, AUG, SEP, OCT, NOV, DEC. All cells are empty.

- 17. If this business was acquired, enter previous owner information:

Previous Owner's Name Previous Trade or Business Name

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

Under penalties provided by law, I hereby affirm that to the best of my knowledge and belief this application is true and complete.

Signature Title Date

Table with 3 columns: Signature, Title, Date. Contains 1 empty row for data entry.