



(Please Read Instructions Before Completing)

**OWNERSHIP / RELATIONSHIP SECTION**

(This section MUST be completed for your application to be accepted.)

17 CHECK ALL THAT APPLY EFFECTIVE DATE      /      /     

Owner  Officer  Parent Company

Partner  Managing Member

A BUSINESS NAME STI or LICENSE NO. (If Applicable)

B GA SALES TAX NO. (If Applicable) GA WITHHOLDING TAX NO. (If Applicable)

C LAST NAME FIRST M.I. TITLE

SOCIAL SECURITY NUMBER **Application will not be processed unless the social security number of an owner, officers, managing members or both partners is included. Reg. 560-1-1.18**

D ADDRESS

E CITY STATE ZIP COUNTY COUNTRY PHONE

18 CHECK ALL THAT APPLY EFFECTIVE DATE      /      /     

Owner  Officer  Parent Company

Partner  Managing Member

A BUSINESS NAME STI or LICENSE NO. (If Applicable)

B GA SALES TAX NO. (If Applicable) GA WITHHOLDING TAX NO. (If Applicable)

C LAST NAME FIRST M.I. TITLE

SOCIAL SECURITY NUMBER **Application will not be processed unless the social security number of an owner, officers, managing members or both partners is included. Reg. 560-1-1.18**

D ADDRESS

E CITY STATE ZIP COUNTY COUNTRY PHONE

**(TO REPORT ADDITIONAL RELATIONSHIPS, USE FORM CRF-004)**

**SALES AND USE TAX SECTION**

19 NATURE OF BUSINESS (If combination of two or more, list approximate percentages of receipts. Must equal 100%.)

Retail %  Manufacturing %  Services (Specify) %                     

Wholesale %  Construction %  Other (Specify) %                     

20 WHAT KIND OF BUSINESS WILL YOU OPERATE? (Be specific as to the product sold or service provided.)

21 DO YOU EXPECT TO REMIT MORE THAN \$200 PER MONTH?  Yes  No

22 WILL YOU SELL ALCOHOLIC BEVERAGES?  Yes \*\*  No \*\* Additional Forms Required

23 WILL YOU SELL RETAIL TOBACCO PRODUCTS?  Yes \*\*  No \*\* Additional Forms Required

24 WILL YOU SELL GASOLINE AND/OR MOTOR FUEL?  Yes  No

If "Yes", please specify the name of the dealer responsible for paying the tax on gasoline and/or motor fuel sales, if other than yourself.

NAME SALES TAX NO.

25 WHEN DID OR WILL YOU START SELLING OR PURCHASING ITEMS SUBJECT TO SALES TAX?

Date      /      /     

26 WILL YOU HAVE EMPLOYEES?  
 Yes  No  
 If "Yes", complete the following WITHHOLDING TAX SECTION. If "No", stop here and complete the SIGNATURE SECTION.

**WITHHOLDING TAX SECTION**

27 WHO WILL BE RESPONSIBLE FOR FILING AND REMITTING THE PAYROLL TAXES FOR YOUR EMPLOYEES?

Applicant or Payroll Service Bureau  Other

If "Other", list the name and GA. Withholding No. of the business responsible for paying these taxes.

NAME GA. WITHHOLDING TAX NO.

28 DO YOU EXPECT TO WITHHOLD MORE THAN \$200 PER MONTH?  Yes  No

29 HOW MANY EMPLOYEES DOES THIS BUSINESS HAVE OR WILL HAVE?

30 DATE ON WHICH WAGES WERE OR WILL FIRST BE PAID?

**SIGNATURE SECTION**

I HAVE EXAMINED THIS APPLICATION, AND TO THE BEST OF MY KNOWLEDGE IT IS TRUE AND CORRECT

Signature

Title

Date

**MUST BE SIGNED BY OWNER, PARTNER, MANAGING MEMBER, OR CORPORATE OFFICER AS LISTED IN THE RELATIONSHIP SECTION (17 OR 18) ABOVE.**