



CD-100 Meals & Rentals Request to Update or Change License

Business Name (DBA) [] Operator License Number []

Notice is hereby given to the New Hampshire Department of Revenue Administration that the information for the license number listed above changed. The licensee is requesting the following change in filing requirements and/or providing the updated changes as prescribed in RSA 78-A. A separate Form CD-100 must be submitted per location. Please list changes below.

Change in Contact Information

1. Business Name (DBA) []
2. Mailing Address []
City / Town [] State [] Zip Code + 4 (or Canadian Postal Code) []
3. Telephone Number [] 4. E-Mail Address []
5. Contact Person Last Name [] Contact Person First Name [] Title [] Telephone Number []
6. NH Banking Institution [] Account Holder Name []

Change in Business Status (by location)

NOTE: You must surrender your current Meals & Rentals Tax License with this form if you have filled out any part of this section.

7. [] Business uses only a facilitator as of MMDDYYYY []
8. [] Business at this location suspended or discontinued entirely, without a new owner as of MMDDYYYY []
9. [] Business at this location continued without taxable sales as of MMDDYYYY []
10. [] Business at this location was acquired by a new owner as of MMDDYYYY []
Name of New Owner [] New Owner Contact Person Last Name [] Contact Person First Name [] Title []
Address of New Owner [] Telephone Number []
City / Town [] State [] Zip Code + 4 (or Canadian Postal Code) []
11. [] Business moved to a new location (not a new owner) as of MMDDYYYY []
New Location Address []
City / Town [] State [] Zip Code + 4 []

NOTE: A Form CD-3 must be submitted to request a new Meals & Rentals Tax License if box 10 or 11 is checked.



**CD-100
Meals & Rentals Request to
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Change in Partners, LLC Managers and Members, or Corporate Officers and Any Other Person in a Managerial Capacity

12(a). Last Name and Suffix First Name MI Title Social Security Number

Residence Address - No PO Boxes Telephone Number

City / Town State Zip Code + 4 (or Canadian Postal Code)

Add
OR
Remove

12(b). Last Name and Suffix First Name MI Title Social Security Number

Residence Address - No PO Boxes Phone Number

City / Town State Zip Code + 4 (or Canadian Postal Code)

Add
OR
Remove

If additional space is needed attach a schedule

Request to File as a Seasonal Operator or to Change Seasonal Months (Rev 706.04)

13. I request permission to file as a seasonal operator.
14. I request permission to change my seasonal months.

Please specify the seasonal months for which you request permission to file Meals & Rentals Tax returns, if you checked box 13 or 14.

NOTE: You may not change your current filing requirements until your request is granted by the Department of Revenue Administration.

Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

15. The status of my business has changed from seasonal to year-round operation.

NOTE: You must complete and file monthly Meals & Rentals Tax returns if you checked box 15.

Request to File Quarterly Returns (Rev 706.03)

16. I request permission to file quarterly returns, and certify that: (1) my business is an operational, year-round business; (2) my business has been in operation for a full year prior to this request; (3) my business is in full compliance with all provisions of RSA 78-A, including Rev 700; and (4) the average Meals & Rentals Tax liability of my business was less than \$100 per month for the calendar quarter immediately preceding this request.

NOTE: You may not change your current filing requirements until your request is granted by the Department of Revenue Administration.

Signatures

I declare under penalties of perjury that I am authorized to sign on behalf of the business entity, that I have examined all of the information provided on this form, and that the information is true, correct, and complete to the best of my knowledge and belief.

Signature (in ink) of Authorized Officer/Representative MDDYYYY

Print Signatory Name & Title