

(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 <u> </u> / <u> </u> / <u> </u>	
	<input type="checkbox"/> Owner	<input type="checkbox"/> Officer	<input type="checkbox"/> Parent Company			
	<input type="checkbox"/> Partner	<input type="checkbox"/> 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

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(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%.)					
	<input type="checkbox"/> Retail	%	<input type="checkbox"/> Manufacturing	%	<input type="checkbox"/> Services (Specify)	% <u> </u>
	<input type="checkbox"/> Wholesale	%	<input type="checkbox"/> Construction	%	<input type="checkbox"/> Other (Specify)	% <u> </u>
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?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
22	WILL YOU SELL ALCOHOLIC BEVERAGES?			<input type="checkbox"/> Yes **	<input type="checkbox"/> No	** Additional Forms Required
23	WILL YOU SELL RETAIL TOBACCO PRODUCTS?			<input type="checkbox"/> Yes **	<input type="checkbox"/> No	** Additional Forms Required
24	WILL YOU SELL GASOLINE AND/OR MOTOR FUEL?			<input type="checkbox"/> Yes	<input type="checkbox"/> 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 <u> </u> / <u> </u> / <u> </u>					
	WILL YOU HAVE EMPLOYEES?					
	<input type="checkbox"/> Yes <input type="checkbox"/> No					
26	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?					
	<input type="checkbox"/> Applicant or Payroll Service Bureau			<input type="checkbox"/> 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?			<input type="checkbox"/> Yes	<input type="checkbox"/> 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.