Gas-1274P
4-15

Registration Application
Permitting Services
North Carolina Department of Revenue

Part 1. Identifying Information

1. Federal Employer Identification Number (FEIN) ☐☐ – ☐☐☐☐☐☐☐

2. Type of Ownership: ◯ Proprietorship ◯ Corporation ◯ LLC ◯ Partnership ◯ LLP ◯ Fiduciary ◯ Other *(Identify)* _____
   If a corporation or LLC, State of Incorporation _____ Date _____ Secretary of State Number _____

3. Legal Name _____

4. Trade Name (DBA Name) _____

5. Business Location *(Not P.O. Box Number)*
   Street _____
   City _____ State _____ Zip Code _____ County _____

6. Mailing Address
   Street or P.O. Box _____
   City _____ State _____ Zip Code _____

7. Email Address _____

8. Location of Records (if different from the business location)
   Street _____
   City _____ State _____ Zip Code _____

9. Business Telephone NumberPhone ( ) _____ Fax Number ( ) _____

Part 2. Ownership Information

If a proprietorship, the owner must complete this section through Line 2 only. Each corporate officer, principal, manager, or partner must complete the information requested below. If needed, attach additional sheet(s) to provide the information requested in this application.

(Fill in applicable circle for title) ◯ President ◯ Manager ◯ Member ◯ Partner ◯ Sole Proprietor

1. Full Name *(First, Middle, Last)*

2. Business Address *(Street address, City, State, and Zip code)*

(Fill in applicable circle for title) ◯ Vice-President ◯ Manager ◯ Member ◯ Partner ◯ Sole Proprietor

3. Full Name *(First, Middle, Last)*

4. Business Address *(Street address, City, State, and Zip code)*

(Fill in applicable circle for title) ◯ Secretary ◯ Manager ◯ Member ◯ Partner ◯ Sole Proprietor

5. Full Name *(First, Middle, Last)*

6. Business Address *(Street address, City, State, and Zip code)*

(Fill in applicable circle for title) ◯ Treasurer ◯ Manager ◯ Member ◯ Partner ◯ Sole Proprietor

7. Full Name *(First, Middle, Last)*

8. Business Address *(Street address, City, State, and Zip code)*

Signature: _____ **Title:** _____ **Date:** _____
I certify that, to the best of my knowledge, this application is accurate and complete.

Mail to: N.C. Department of Revenue, Attn: Excise tax Division, P.O. Box 25000, Raleigh, NC 27640-0100