

Registration Application Permitting Services

North Carolina Department of Revenue

Г	art 1. Identifying Information						
1. F	Federal Employer Identification Numb	per (FEIN)					
2.	Type of Ownership: O Proprieto					ciary Other(Ident retary of State Number	
3.	Legal Name						
4.	Trade Name (DBA Name)						
	Business Location (Not P.O. Box Number)			State 2		Code	County
6.	Mailing Address	Street or P.O. Box		State			
7.	Email Address						
	Location of Records (if different from the business location)			Sta		Zip Code	
9.	Business Telephone NumberPhone () Fax Number ()						
Р	art 2. Ownership Information						
	a proprietorship, the owner mus mplete the information requeste						
	Il in applicable circle for title)	0	President	Manager	O Member	O Partner	Sole Proprietor
1. 2.	Full Name (First, Middle, Last) Business Address (Street addres	s City State a	and Zin code)				
_	Business Address (Street address						
(Fi	ill in applicable circle for title)	0	Vice-President	Manager	O Member	O Partner	Sole Proprietor
3.	Full Name (First, Middle, Last)						
4.	Business Address (Street addres	s, City, State, a	and Zip code)				
(Fi	ill in applicable circle for title)	0	Secretary	Manager	O Member	O Partner	O Sole Proprietor
5.	Full Name (First, Middle, Last)						
6.	6. Business Address (Street address, City, State, and Zip code)						
(Fi	Il in applicable circle for title)	0	Treasurer	O Manager	O Member	O Partner	O Sole Proprietor
7.	Full Name (First, Middle, Last)						
8.	Business Address (Street address	s, City, State, a	nd Zip code)				
Signature: I certify that, to the best of my knowledge, this application is a				Title: ccurate and complet	e.	Date:	