

Application for Registration as a Sales Tax Vendor

<i>Department use only</i>	
----------------------------	--

Please print or type

1 What type of certificate are you applying for?
 (You must check one box - see instructions): Regular Temporary Show Entertainment

2 Legal name

3 Trade name (if different from item 2) 4 Federal employer identification number

5 Address of principal place of business (show/entertainment or temporary vendors use home address, regular vendors use physical address of business)
 Number and street City State ZIP code

6 Telephone number (include area code) () 7 County of principal place of business 8 Country, if not U.S. 9 Date you will begin business in New York (see instructions) / /

10 Mailing address, if different from business address on line 5
 C/O name Number and street City State ZIP code
 Date you will end business in New York if you are a temporary vendor / /

11 Type of organization Individual (sole proprietor) Partnership Corporation Trust Governmental Exempt organization
 Other (specify) Limited Liability Partnership Limited Liability Company

12 Reason for applying Started new business Purchased existing business Adding a new location Change in organization Other (specify)

13 List all owners/officers. Attach a separate sheet if necessary. This section must be completed by all applicants.

Name	Title	Social security number	
Home address		City, State, ZIP code	Telephone number ()
Name	Title	Social security number	
Home address		City, State, ZIP code	Telephone number ()
Name	Title	Social security number	
Home address		City, State, ZIP code	Telephone number ()

14 Does your business currently have tax accounts with New York State for the following taxes? If yes, enter identification number.
 Corporation Tax Yes No ID # _____ Withholding Tax Yes No ID # _____
 Other Taxes - enter type of tax and identification number _____

15 If you have ever registered as a sales tax vendor before with New York State enter information shown on the last sales tax return you filed:
 Name Identification number

Questions 16 and 17 apply to regular vendors only. All other vendors go to question 18.

16 Will you operate more than one place of business? Yes No If Yes, check the appropriate box below and follow the instructions.
 A Separate return will be filed for each location. Fill out and return a **complete** application for **each** business location.
 B Consolidated return will be filed to cover all places of business. List your business locations on Form DTF-17-ATT and return with this application.

17 Do you expect to collect any sales or use tax or pay any sales or use tax directly to the Department of Taxation and Finance? Yes No

18 Fill in the boxes below, describing your major business activities:

	Describe your business activity in detail <i>(attach a separate sheet if necessary)</i>	Enter letter of major division from Form DTF-17-I, page 2-3	Enter Standard Industrial Code (SIC) <i>(see instructions)</i>	Percent of time spent on activity <i>(total should = 100%)</i>
Primary Business Activity				
Secondary Business Activity (if any)				

- 19 Are you a sidewalk vendor?..... Yes No
 If Yes, do you sell food? Yes No
- 20 Do you participate solely in flea markets, antique shows or other "shows"? .. Yes No
- 21 Do you intend to make retail sales of cigarettes or other tobacco products?.. Yes No
- 22 Are you liable for paying the New York State beverage container tax?..... Yes No
- 23 Do you sell merchandise from door to door or through party plans?..... Yes No

Department use only

Mail code		Certificate	
		No <input type="checkbox"/>	
Type	Status	Sch. Ind.	Aux. sch.
SIC		SIC	
P		S	

