

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
**MEALS & RENTALS REQUEST TO
 UPDATE OR CHANGE LICENSE**

TAXPAYER'S LICENSE # _____
 (ENTER LICENSE NUMBER)

NOTICE IS HEREBY GIVEN to the New Hampshire Department of Revenue Administration that the taxpayer named in item No. 1 below is requesting the following change in filing requirements and/or providing the updated changes as prescribed in RSA 78-A.

1. BUSINESS NAME	
2. CORPORATE NAME, PARTNER NAMES OR PROPRIETOR'S NAME	
3. NUMBER & STREET ADDRESS OF BUSINESS LOCATION	
4. ADDRESS (continued)	
5. CITY/STATE/ ZIP CODE	6. PHONE NUMBER
5(a). MAILING ADDRESS, IF DIFFERENT FROM PHYSICAL ADDRESS	

CHANGE IN BUSINESS STATUS (by location):

You must surrender your current Meals & Rentals Tax License with this form if you have checked lines 7, 8, 9, or 11.

- 7. Business at this location suspended or discontinued entirely, without a new owner..... DATE _____
- 8. Business at this location continued without taxable sales as of..... DATE _____
- 9. Business at this location was acquired by a new owner as of..... DATE _____

NAME OF NEW OWNER: _____

ADDRESS OF NEW OWNER: _____

- 10. Business NAME change (not a new owner) at this location as of..... DATE _____

NEW BUSINESS NAME: _____

- 11. Business moved to a new location (not a new owner) as of..... DATE _____

NEW LOCATION: _____

NOTE: You must submit Form CD-3 to request a new Meals & Rentals Tax License.

12. REQUEST FOR CHANGE IN FILING REQUIREMENTS

I request my filing requirements be changed: **FROM:** _____ - _____
 month beginning month ending

TO: _____ - _____
 month beginning month ending

I understand a return must be filed for each month in which sales are incurred. I also understand that a return must be filed for each month in which my license is active, even though there may be no tax due.

FOR DRA USE ONLY

X
 SIGNATURE (IN INK) _____ PRINTED SIGNATORY NAME & TITLE _____ DATE _____

MAIL **NH DRA**
 TO: **COLLECTION DIVISION**
PO BOX 454
CONCORD NH 03302-0454

