FORM
CD-100
License Update

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