

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 information for the license number listed above changed and the licensee is requesting the following change in filling requirements and/or providing the updated changes as prescribed in RSA 78-A. Please list changes below.

1. BUSINESS NA	CONTACT INFORMATION:				
I. BOOMLOOM	INIE (DDA)				
2. NAME OF OW	NER(S) (Please use a separate sheet if needed)				
3. ADDRESS OF	BUSINESS LOCATION				
4. MAILING ADD	RESS				
4(a). CITY/STATE	E/ ZIP CODE				
5. PHONE NUME	ER	6. E-MAIL ADDRESS			
7. NH BANKING	INSTITUTION				
	BUSINESS STATUS (by location):	x License with this form if you have checked	lines 9 0 10 or 12		
	•	•			
	☐ Business at this location suspended or discontinued entirely, without a new owner				
Business at this location continued without taxable sales as of					
Business at this location was acquired by a new owner as of			_		
NAME OF I	NEW OWNER:				
ADDRESS	OF NEW OWNER:				
1. Business NAME change (not a new owner) at this location as of			DATE		
NEW BUSI	NESS NAME:				
Business moved to a new location (not a new owner) as of					
NEW LOCA	TION:				
	·	new Meals & Rentals Tax License if box 12	is checked.		
	R CHANGE IN FILING REQUIREMEN y filing requirements be changed:		_		
is, rrequestin	y ming requirements be changed.	month beginning	month ending	g	
		TO	_		
		TO: month beginning	month ending	g	
	I declare under populties of perium tha	at I am authorized to sign on behalf of the busin	acc antitu that I have even	ained all of the informat	
		ormation is true, correct, and complete to the b			
DRA USE ONLY	ı v				
	SIGNATURE (IN INK)	PRINTED SIGNATORY NAME & T	TITLE	DATE	
		\neg			
	MAIL NH DRA TO: COLLECTIONS DIVISION				
	PO BOX 454				
	CONCORD NH 03302-0454				