



**FOREST COUNTY
POTAWATOMI**
Keeper of the Fire

FCPC Tax Commission (rev 6/15)
Executive Director Tax Commission
3136 W. Kilbourn Ave., Milwaukee, WI 53208
(715) 889-6023

BTR Tax Account No.: _____
FOR FCPC USE ONLY

APPLICATION FOR BUSINESS TAX REGISTRATION

Allow 15 business days for processing and mailing of your registration certificate. Regardless of the number of tax types you are requesting, there is only one **\$20 BTR fee due. Make check payable to FCPC Tax Commission.**

► PART A Reason for Registration (check the box that applies)

- New Business
- Registering Additional Tax Types
- Additional Business Locations

NOTE: If you are currently registered and have no changes to Part C, please complete Schedule 1 only.

► PART B Type of Registration		
	Is this tax type subject to the BTR Fee? (See "Exceptions to the BTR fee" on page 1 of the general instructions.)	Parts of this application that must be completed.
<input type="checkbox"/> Sales tax certificate	Yes	Parts C, D, E, G & H
<input type="checkbox"/> Local exposition tax (sales in Milwaukee County only)		
<input type="checkbox"/> Use tax certificate	Yes	Parts C, D, E, G & H
<input type="checkbox"/> Lodging tax certificate	Yes	Parts C, D, E, G & H

► PART C Business Information

1. Type of Ownership (check one)

- Sole Proprietorship
- Partnership (*Indicate type*) ► General Limited Limited Liability Partnership (LLP)
- S Corporation C Corporation ► Date of incorporation ___/___/___ State of incorporation ___/___/___
- Limited liability company (LLC) ► Date registered ___/___/___ State of registration: _____
- Taxed as a corporation Taxed as a partnership
- Disregarded as an entity separate from its owner (single member LLC only)
- Nonprofit organization
- Governmental unit (*check appropriate box*) ► Federal WI State Agency Local County
- Other state agency (*list*) _____ Tribal Other (*describe*) _____
- Other (*describe*) _____

2. Legal name (sole proprietors enter your last name, first, MI)	3. Federal employer identification # (FEIN)	4. Social security number (required for sole proprietorship)
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5. Mailing address (street or PO Box - include apartment, suite, or lot number)

City _____ State _____ Zip Code _____ County _____

6. Contact Person

Name _____

Telephone Number _____ Fax Number _____

► PART D Business Location Information – Complete a Schedule 1 for each additional business location.

1. Trade name of business _____

Business address (cannot be a PO Box) _____

City _____ State _____ Zip Code _____ County _____

Specialty Taxes and Fees (refer to pages 3-5 of the instructions)

2. Local Exposition Tax

If you will be making sales in municipalities located wholly or partially in Milwaukee County, including any part of the Village of Bayside or the City of Milwaukee, indicate if you will be making taxable sales of any of the following:

Food & beverages Automobile rentals Lodging Lodging within the City of Milwaukee

Date first taxable sales will be made: ____/____/____

► PART E Sales/Use Tax

Enter date first sales or purchases will be made: ____/____/____

1. Estimated monthly sales, leases, or rentals subject to FCPC sales or use taxes. (Information will be used to determine initial filing frequency.)

\$1 - \$450/month \$451 - \$3,600/month \$3,601 - \$21,500/month Over \$21,500/month

(Annual) (Quarterly) (Monthly) (Early-Monthly)

2. Will business be operated all 12 months? Yes No

If **No**, check boxes for months of operation:

Jan Feb Mar Apr May Jun Jul Aug Sept Oct Nov Dec

3. If your income year is other than the year ending December 31, please indicate your fiscal year ending date:

4. Non-profit organization

Indicate the date(s) of your taxable event ► From: _____ To: _____

▶ PART F Ownership Disclosure – List all owners, partners, corporate officers or members.
(If more space is needed, please attach additional pages.)

Name _____ Title _____
Social Security Number/FEIN (if owner is a business) _____
Home Address (street or PO Box - include apartment, suite, or lot number)

City _____ State _____ Zip Code _____ County _____
Home Telephone _____ If you are a partner, check type ▶ Limited General Partner

Name _____ Title _____
Social Security Number/FEIN (if owner is a business) _____
Home Address (street or PO Box - include apartment, suite, or lot number)

City _____ State _____ Zip Code _____ County _____
Home Telephone _____ If you are a partner, check type ▶ Limited General Partner

Name _____ Title _____
Social Security Number/FEIN (if owner is a business) _____
Home Address (street or PO Box - include apartment, suite, or lot number)

City _____ State _____ Zip Code _____ County _____
Home Telephone _____ If you are a partner, check type ▶ Limited General Partner

Name _____ Title _____
Social Security Number/FEIN (if owner is a business) _____
Home Address (street or PO Box - include apartment, suite, or lot number)

City _____ State _____ Zip Code _____ County _____
Home Telephone _____ If you are a partner, check type ▶ Limited General Partner

Name _____ Title _____
Social Security Number/FEIN (if owner is a business) _____
Home Address (street or PO Box - include apartment, suite, or lot number)

City _____ State _____ Zip Code _____ County _____
Home Telephone _____ If you are a partner, check type ▶ Limited General Partner

Name _____ Title _____
Social Security Number/FEIN (if owner is a business) _____
Home Address (street or PO Box - include apartment, suite, or lot number)

City _____ State _____ Zip Code _____ County _____
Home Telephone _____ If you are a partner, check type ▶ Limited General Partner

► **PART G** Financial Information

Financial institution through which you will maintain your business checking account.

Name of Financial Institution _____

Account No. _____

Street Address _____

City _____ State _____ Zip Code _____

I declare under penalties of law that I have examined this information and to the best of my knowledge and belief, it is true, correct, and complete.

Name of person who prepared this application (please print) _____

Title _____ Date _____

Signature _____

Business Telephone Number _____ Business Fax Number _____

SCHEDULE 1 – Additional Business Locations for Sales and/or Use tax certificates
(attach additional pages for each separate location)

Legal name (sole proprietors enter your last name, first, MI)	Federal employer identification # (FEIN)	Social security number (required for sole proprietorship)
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1. Trade name of business _____ **Account No.** _____

Business Location (street address – cannot be a PO Box)

City _____ State _____ Zip Code _____ County _____

SPECIALTY TAXES AND FEES

2. Local Exposition Tax

If you will be making sales in municipalities located wholly or partially in Milwaukee County, including any part of the Village of Bayside or the City of Milwaukee, indicate if you will be making taxable sales of any of the following:

Food & beverages Automobile rentals Lodging Lodging within the City of Milwaukee

Date first taxable sales will be made: ____/____/____

SALES/USE TAX (ENTER DATE FIRST SALES OR PURCHASES WILL BE MADE: ____/____/____)

3. Estimated monthly sales, leases, or rentals subject to FCPC sales or use taxes.
(Information will be used to determine initial filing frequency.)

\$1 - \$450/month \$451 - \$3,600/month \$3,601 - \$21,500/month Over \$21,500/month

(Annual) (Quarterly) (Monthly) (Early-Monthly)

4. Will business be operated all 12 months? Yes No

If **No**, check boxes for months of operation:

Jan Feb Mar Apr May Jun Jul Aug Sept Oct Nov Dec

5. Non-profit organization

Indicate the date(s) of your taxable event ► From: _____ To: _____

I declare under penalties of law that I have examined this information and to the best of my knowledge and belief, it is true, correct, and complete.

Name of person who prepared this application (please print) _____	
Title _____	Date _____
Signature _____	
Business telephone number _____	Business fax number _____