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

<table>
<thead>
<tr>
<th>Type of Registration</th>
<th>Is this tax type subject to the BTR Fee? (See “Exceptions to the BTR fee” on page 1 of the general instructions.)</th>
<th>Parts of this application that must be completed.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sales tax certificate</td>
<td>Yes</td>
<td>Parts C, D, E, G &amp; H</td>
</tr>
<tr>
<td>Local exposition tax (sales in Milwaukee County only)</td>
<td>Yes</td>
<td>Parts C, D, E, G &amp; H</td>
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<tr>
<td>Use tax certificate</td>
<td>Yes</td>
<td>Parts C, D, E, G &amp; H</td>
</tr>
<tr>
<td>Lodging tax certificate</td>
<td>Yes</td>
<td>Parts C, D, E, G &amp; H</td>
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</table>

**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)

5. **Mailing address** (street or PO Box - include apartment, suite, or lot number)

6. **Contact Person**

<table>
<thead>
<tr>
<th>Name</th>
<th>__________________________________________________________________________________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Telephone Number  ______________________________     Fax Number  ______________________________</td>
</tr>
</tbody>
</table>

**PART D**  Business Location Information — Complete a Schedule 1 for each additional business location.

1. **Trade name of business**

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.)*

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<td>Home Address (street or PO Box - include apartment, suite, or lot number)</td>
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### 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)

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<tr>
<th>Legal name (sole proprietors enter your last name, first, MI)</th>
<th>Federal employer identification # (FEIN)</th>
<th>Social security number (required for sole proprietorship)</th>
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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 ____________________________