

SCIT Sales Tax Retail Permit Application



Check the box that best describes the reason for this application

Permit Number

- Started a New Business
- Incorporated / Purchased an Existing Business
- Added a New Location
- Other (explain)

▶1. Federal Employer Identification Number, if known

Office Use Only

▶2. Busine	ss Name		
Legal	►3. Address for all legal contacts (street and numbe	Business Telephone	
Address	City	State	ZIP Code
Mailing	►4. Address, if different from Box 2, where all tax for		
Address	City	State	ZIP Code
Physical	►5. Address for the actual business location, if differ		
Address	City	State	ZIP Code
-	City	State	ZIP Code

►7. Define your business activity		▶8. What products, if any, do you sell?			
9. Date that the SCIT Tax liability will begin (mm/dd/yyyy)					
	Up to \$65		Up to \$300		Over \$300
\blacktriangleright 10. Enter the number of business locations you will operate on the table \ensuremath{D}	ne Reservation			<u></u>	▶10.
▶ 11. Enter the month that you close your tax books			▶11	1.	
▶ 12. Seasonal Only (Class B): (Your business is not open conti	nuously for the entire year)				
a. Enter the month the seasonal business opens			▶12	a.	
b. Enter the month the seasonal business closes			▶12	b.	
► 13. Temporary (Class C): (Your business is only open at one of	or two events)				
a. Enter the date(s) of the event			▶13	a.	

Complete all the information for each owner or partner. For limited partnership you must list all general partners. For limited liability companies shareholders who are limited liability companies you must list all members. For corporations the CEO and CFO are sufficient.

I certify that the information provided on this form is true, correct and complete to the best of my knowledge and belief.								
► 14. Name (Last, First, Middle, Jr/Sr/III)	Title	Date of Birth	Phone Number				
Driver License / MI Identification No.	Social Security Number	Signature						
▶ 15. Name (Last, First, Middle, Jr/Sr/III)	Title	Date of Birth	Phone Number				
Driver License / MI Identification No.	Social Security Number	Signature						
►16. Name (Last, First, Middle, Jr/Sr/III)		Title	Date of Birth	Phone Number				
Driver License / MI Identification No.	Social Security Number	Signature						

*If you are late on filing a tax return, your SCIT Retail Permit will be immediately revoked.



Retail Permit Class and Application Fee



- <u>Class A:</u> <u>Permanent Permit (181-365 days).</u> All businesses who engage in business on the Reservation for the majority of the calendar year, whether at a temporary or permanent business location, or who engage in business from private homes or residences. There is a \$25 application fee for a *Permanent Retail Permit*.
- <u>Class B:</u> <u>Seasonal Permit (5-180 days).</u> All businesses who engage in business on the Reservation for a period of not less than 5 days but no more than 180 days in a calendar year. There is a \$10 application fee for a *Seasonal Retail Permit*.
- <u>Class C:</u> <u>Temporary Permit (4 days or less).</u> All persons who engage in business at a fixed location on the Reservation for a period of 4 days or less. There is a \$5 application fee for a *Temporary Retail Permit*.

Instructions for Completing the SCIT Sales Tax Retail Permit Application Form 210

- Line 1. Federal Employer Identification Number (FEIN). The Internal Revenue Service issues the FEIN.
- Line 2. Business Name. If your company is a partnership or corporation, enter the appropriate indicator in this box: LLP, LLC, Corp, Inc, PC, or LC.
- Line 3. Legal Address. Enter the street address where your books and records are kept for audit purposes. You must also receive mail there.
- Line 4. Mailing Address. This may be a Post Office box or any other address where you want business tax forms mailed.
- Line 5. Physical Address. Enter the physical address if the actual location of your business is different from the legal address, line 2.
- Line 6. Business Ownership Type Code. Using the list below, enter the business type code for which you are registering.

Sole Proprietorship	100
Limited Partnership	200
*Submit a list of all general partners - Lines 14-16	300
Any Other Type of Partnership	400
Limited Liability Company (LLC, LC, LLP)	500
S-Corporation	600
Corporation	700
Any Other Type of Business	800

- Line 7. Business Activity. Briefly describe the specific business activity or affairs the business will be transacting or conducting on the Reservation.
- Line 8. Products You Sell. Briefly describe what products you will sell to the final consumer.
- Line 9. SCIT Tax. Indicate the date your liability for the tax begins, and check the box that indicates how much each month you expect to pay of the tax.
- Line 10. List the number of locations on the Reservation that will need a Retail Permit.
- Line 11. Fiscal Year. Enter the month in which you close your tax books.
- Line 12. Seasonal Business (Class B). Complete this only if your business is not open the entire year. Enter the months your business opens and closes.
- Line 13. Temporary Business (Class C). Complete this only if your business is only open at one or two events. Enter the day(s) your business will operate.
- Lines 14 to 16. You must supply at least one name. If there are more than three owners or partners, attach a separate sheet of paper.

Note. You must provide a signature certifying that the information provided on the form is true, correct and complete to the best of your knowledge and belief. **If you are late filing a return, your permit will be revoked**.