

Application for Registration as a Sales Tax Vendor

Department use only

Please print or type

1 Type of certificate you are applying for
 (You must check one box; see instructions): Regular Temporary Show Entertainment

2 Legal name of vendor

3 Trade name or DBA (if different from item 2) 4 Federal employer identification number

5 Address of business location (show/entertainment or temporary vendors use home address)
 Number and street City County State ZIP code Country, if not U.S.

6 Business telephone number (include area code) ()
 7 Date you will begin business in New York State (see instructions) / /
 8 Temporary vendors: Enter the date you will end business in New York / /

9 Mailing address, if different from business address on line 5
 c/o name Number and street City State ZIP code

10 Type of organization: Individual (sole proprietor) Partnership Trust Governmental Exempt organization
 Corporation Limited Liability Partnership Limited Liability Company Other (specify) _____

11 Reason for applying: Started new business Purchased existing business Adding a new location Change in organization Other (specify) _____

12 Regular vendors — Will you operate more than one place of business?
 Yes (check appropriate box below) No

- A Separate sales tax return will be filed for each business location.
 B One sales tax return will be filed for all business locations (complete Form DTF-17-ATT and attach it to this application).

13 List all owners/officers. Attach a separate sheet if necessary. All applicants must complete this section.

Name	Title	Social security number	
Home address	City	State	ZIP code Telephone number ()
Name	Title	Social security number	
Home address	City	State	ZIP code Telephone number ()
Name	Title	Social security number	
Home address	City	State	ZIP code Telephone number ()

14 If your business currently files New York State returns for the following taxes, check the box for the appropriate tax type and enter the identification number used on the return:
 Corporation tax ID # _____
 Withholding tax ID # _____
 Other (explain) _____ ID # _____

15 If you have ever registered as a sales tax vendor with New York State, enter the information shown on the last sales tax return you filed:
 Name _____ Identification number _____

16 Do you expect to collect any sales or use tax or pay any sales or use tax directly to the Department of Taxation and Finance? Yes No

17 Describe your major business activity and enter your six-digit NAICS code:

Describe your business activity in detail (attach a separate sheet if necessary)	North American Industry Classification System (NAICS)					

- 18 Are you a sidewalk vendor? Yes No
 If Yes, do you sell food? Yes No
 19 Do you participate solely in flea markets, antique shows, or other "shows"? Yes No
 20 Do you intend to make retail sales of cigarettes or other tobacco products? Yes No
 21 If you withhold or will withhold New York State tax from employees, do you need withholding tax forms or information? Yes No

DTF-17 (8/00) (back)

22 If you acquired this business from a registered vendor, did you file Form AU-196.10, *Notification of Sale, Transfer or Assignment in Bulk*, with the Tax Department? Yes No
 Former owner's name _____ Address _____ ID # _____

23 Have you been notified that you owe any New York State tax? Yes No

Type of tax	Amount due	Assessment number (if any)	Assessment date	Assessment currently being protested? <input type="checkbox"/> Yes <input type="checkbox"/> No
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24 Do any responsible officers, directors, partners, or employees owe New York State or local sales and use taxes on your behalf, on behalf of another person, or as a vendor of property or services? Yes No

Individual's name	Street address	City	State	ZIP code
Social security number	Amount due	Assessment number (if any)	Assessment date	Assessment currently being protested? <input type="checkbox"/> Yes <input type="checkbox"/> No

25 Have you been convicted of a crime under the Tax Law during the past year? Yes No

Date of conviction	Court of conviction	Disposition (<i>fine, imprisonment, probation, etc.</i>)
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26 During the past year, has any responsible officer, director, partner, or employee of the applicant been convicted of a crime under the Tax Law? Yes No

Individual's name	Street address	City	State	ZIP code
Social security number	Date of conviction	Court of conviction	Disposition (<i>fine, imprisonment, probation, etc.</i>)	

27 If previously registered as a New York State sales tax vendor, was your *Certificate of Authority* revoked or suspended during that past year? Yes No If Yes, please indicate why _____ .

Questions 28, 29, and 30 apply to corporations only.

28 If any shareholder owns more than half of the shares of voting stock of the applicant, has this shareholder ever owned more than half of the shares of voting stock of another corporation? Yes No **If Yes, complete questions 29 and 30.**

29 Did this shareholder own these shares of another corporation when the corporation had a tax liability that remains unpaid? Yes No

Shareholder's name	Corporation name	Federal identification number		
Street address	City	State	ZIP code	
Type of tax	Amount due	Assessment number (<i>if any</i>)	Assessment date	Assessment currently being protested? <input type="checkbox"/> Yes <input type="checkbox"/> No

30 Did this shareholder own these shares of another corporation at a time during the past year when the corporation was convicted of a crime under the Tax Law? Yes No

Corporation name	Federal identification number			
Street address	City	State	ZIP code	
Date of conviction	Court of conviction	Disposition (<i>fine, imprisonment, probation, etc.</i>)		

I certify that the information in this application is true and correct. Willfully filing a false application is a misdemeanor punishable under the Tax Law.

Signature	Title	Telephone number	Date
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Check this box if you want your sales tax returns mailed to a tax preparer rather than the address on the front of this application. Enter preparer information in the box below:

Name of preparer	Street Address	City	State	ZIP code
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This application will be returned if it is not signed or if any other information is missing.

Mail your application to: NYS Tax Department, Sales Tax Registration Unit, W A Harriman Campus, Albany NY 12227, at least 20 days (but not more than 90 days) before you begin doing business in New York State.