TEXAS APPLICATION

SALES TAX PERMIT

OFF-ROAD, HEAVY DUTY DIESEL POWERED **EQUIPMENT SURCHARGE**



USE TAX PERMIT

TELECOMMUNICATIONS INFRASTRUCTURE FUND **ASSESSMENT**

FIREWORKS TAX

9-1-1 EMERGENCY COMMUNICATIONS

SUSAN COMBS • TEXAS COMPTROLLER OF PUBLIC ACCOUNTS

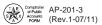
		• TYPE OR PRINT • Do NOT write in shaded areas.
	Ij	f you are a sole proprietor, start on the next page, item 12
	1.	Business organization type Texas registered limited liability partnership (PR) Texas limited liability company (CL) Non-Texas limited liability company (CI) Non-Texas registered limited liability partnership (PS) Texas profit corporation (CT) Non-Texas profit corporation (CF) Professional association (AP) Limited partnership (PL or PF) Texas nonprofit corporation (CN) Non-Texas nonprofit corporation (CM) Estate (ES) General partnership (PG) Trust (FM) Please submit a copy of the trust agreement with this application Husband/Wife Co-ownership (PG) Foreign Business Trust (TF) Foreign Real Estate Investment Trust (TI)
	2.	Legal name of partnership, company, corporation, association, trust, estate, or other
	3.	Federal Employer Identification Number (FEIN) assigned by the Internal Revenue Service for reporting federal income taxes if you have one.
	4.	Check here if you do not have an FEIN.
	5.	Please list any current or past 11-digit Texas Taxpayer Number for reporting any taxes or fees to the Texas Comptroller of Public Accounts.
HIPS	6.	Have you ever received a vendor or payee number (Texas Identification Number/TIN)?
TNERS		If the business is a Texas profit corporation, nonprofit corporation, professional corporation, or limited liability company, enter the file number issued by the Texas Secretary of State and date of filing (if applicable).
CORPORATIONS & PARTNERSHIPS		If the business is a non-Texas profit corporation, nonprofit corporation, professional corporation, or limited liability company, enter the state/country of incorporation, file number and date. If applicable, enter the Texas Certificate of Authority number issued by the Texas Secretary of State and date. State/country of inc. File number Month Day Year Texas Certificate of Authority number Month Day Year
RPORA		If the business is a limited partnership or registered limited liability partnership, enter the home state and registered identification number. (Attach a copy of registration documentation.)
္ပ		If the business is a corporation, has it been involved in a merger within the last seven years?
		General partners, principal members/officers, managing directors, managers or trustees (Attach additional sheets, if necessary.) Name Phone (Area code and number) /
		Home address City State ZIP code
		SSN FEIN Percent of Country, if outside the U.S.)
		Position held: Partner Officer Corporate Stockholder Record keeper Name Title Phone (Area code and number)
		Home address City State ZIP code
		SSN FEIN Percent of Country, if outside the U.S.) Output Out
		Position held: Partner Officer Director Corporate Stockholder Record keeper
	P	Proceed to item 17 if you are not a sole proprietor –



TEXAS APPLICATION FOR SALES TAX PERMIT, USE TAX PERMIT AND/OR

27. Primary business activity and type of products or services to be sold

Page 2 TELECOMMUNICATIONS INFRASTRUCTURE FUND ASSESSMENT SET-UP TYPE OR PRINT · Do NOT write in shaded areas. If you are a sole proprietor, start here -(If you are NOT a sole proprietor, skip to item 17, below.) SOLE PROPRIETORS 12. Legal name of sole proprietor (First, middle initial, and last name) 13. Social Security Number (SSN) Check this box if you DO NOT have a Social Security Number (SSN). 14. Please list any current or past 11-digit Texas Taxpayer Number for reporting any taxes or fees to the Texas Comptroller of Public Accounts. 15. Have you ever received a vendor or payee number (Texas Identification Number/TIN)? YES NO 16. Federal Employer Identification Number (FEIN) assigned by the Internal Revenue Service for reporting federal income taxes if you have one. All applicants continue here -17. Mailing address - Please provide complete address including suite, apartment, or personal mailbox number. Indicate whether the address is on a street, avenue, parkway, drive, etc. and whether there is a directional indicator (e.g., North Lamar Blvd.). Street number and name, P.O. Box, or rural route and box number Suite/Apt. # State/province County (or country, if outside the U.S.) 18. Daytime phone number (Area code and number) 19. FAX number (Area code and number)..... 20. Mobile/cellular phone number (Area code and number) Business/alternate E-mail address . 22. Business Web site address(es): 23. Contact person for business records Street address (if different from the address in Item 17, above) Phone number (Area code, number, and extension) Alternate contact Street address (if different from the address in Item 17, above) Name 24. Name of bank or other financial institution Business Personal 25. If you will be accepting payments by credit card and/or through Merchant identification number (MID) an online payment processing company, enter the name of the processor. assigned by processor 26. Enter your North American Industry Classification System (NAICS) code (See specific instructions) NAICS code If you don't know your NAICS code, indicate your principal type of business. Agriculture Transportation Retail Trade Direct Sales / Marketing Mining Finance Services Communications (See Item 42) Construction Utilities Insurance **Public Administration** Wholesale Trade Manufacturing Health Spa Other (explain)



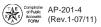
TEXAS APPLICATION FOR SALES TAX PERMIT, USE TAX PERMIT AND/OR TELECOMMUNICATIONS INFRASTRUCTURE FUND ASSESSMENT SET-UP

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L	Legal name (Same as Item 2 OR Item 12)				
		Complete all information in this section for each PLACE OF BUSINESS in Texas. If you do not have a physical PLACE OF BUSINESS in Texas, skip to Item 33.			
	28.	PLACE OF BUSINESS name and address. (Attach additional sheets for each PLACE OF BUSINESS in Texas.)			
		Business Name (DBA)			
		Street address (include St, Av, Ct, etc.) or rural route and box number (Do NOT use PO Box addressmust provide physical location address.) Suite/Apt. number			
		City State ZIP code Business location phone			
NO		If this PLACE OF BUSINESS address is difficult to find or includes a rural route and box number, provide the physical location or directions.			
IAT	See	e instructions prior to answering 29 and 30.			
IFORN	29.	Within what city limits is this PLACE OF BUSINESS ? Check this box if this PLACE OF BUSINESS is NOT located within the limits of a city in Texas.			
PLACE OF BUSINESS INFORMATION	30.	Within what county is this PLACE OF BUSINESS?			
NIS	21	Is this PLACE OF BUSINESS operated from your home?			
E BL		Enter the name and address of the owner or landlord of this PLACE OF BUSINESS .			
CE OI	32.	Enter the fiame and address of the owner of fandiord of this PLACE OF BUSINESS.			
PLA		Will your anticipated quarterly sales exceed \$24,000?			
		Enter the date that you will begin making sales or begin other operations subject to Texas sales and use tax. (Date cannot be more than 90 days in the future.)			
		Will you operate this business all year?			
	36.	Will you provide taxable services AT A CUSTOMER'S LOCATION or ship/deliver goods to customers?			
	37.	Will you be conducting Internet or mail order sales?			
		Provide a brief description of your business activities for this business and the primary products or services to be sold. Also, please include the NAICS code for this business, if known. (See specific instructions for Item 26 .) NAICS code			
		Will you sell or solicit business at temporary locations (fairs, trade shows, flea markets, carnivals, etc.) in Texas?			
	40.	Will you be required to report interest earned on sales tax? (See specific instructions)			
		List location of all distribution points, warehouses, or offices in Texas (Do not include locations that are considered a place of business.) (Attach additional sheets, if necessary.) Street City State ZIP code			
		Street City State ZIP code $\left[\begin{array}{c cccc} & & & & & \\ & & & & & \\ & & & & & \\ \end{array}\right]$			
		ou will be receiving compensation for providing telecommunications services, you are responsible for the Telecommunications Infrastructure and (TIF) assessment and should complete Items 42-44; if not, skip to Item 45.			
FEES		Date of the first business operation that is subject to the Telecommunications Infrastructure Fund Assessment in Texas or the date you plan to start such business operation.			
TIF/911 F	43.	Telecommunications provider type			
TIF/	44.	9-1-1 emergency communications fees you collect under Health & Safety Code, Chapter 771. (Check all that apply.) (54) 9-1-1 (Wireless) Emergency Service Fee (91) 9-1-1 Emergency Service Fee (92) 9-1-1 Equalization Surcharge (93)			



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		Do Not write in shaded areas.
l	Legal	name (Same as Item 2 OR Item 12) ■
	-	Date of first operation that is subject to fireworks tax
	46.	What type of fireworks permit were you issued by the Texas Department of Insurance? (See specific instructions.) □ Distributor □ Jobber □ Manufacturer □ Retailer
NOI		Will you make retail sales of fireworks to the general public under a consignment agreement? (Consignment sales are sales where the consignee pays the distributor only for items that the consignee sells and returns any unsold items.)
A MA	48.	Will you sell, lease, or rent off-road, heavy duty (50 horsepower or more) diesel powered equipment?
ALED INFO		Is this permit for a winery located outside of Texas that will be shipping wine to consumers in Texas?
KEL	50.	Is there currently a Texas Alcoholic Beverage Commission license for this address?
		Will you sell memberships to a health spa?
		If you do not have a place of business in Texas, list names and addresses of all representatives, agents, salespersons, canvassers, or solicitors in Texas. (Attach additional sheets if necessary.) Name (First, middle initial, last)
		Street City State ZIP code
		Previous owner's trade name (DBA name) Previous owner's trade name (DBA name) Previous owner's trade name (DBA name)
MO SOO!		Previous owner's legal name, address, and phone number, if available. Name Title Phone (Area code and number)
7 7 1		Street address City State ZIP code
		Check each of the following items you purchased
		APPLICANTS MUST BE AT LEAST 18 YEARS OF AGE. Parents or legal guardians may obtain a sales tax permit on behalf of a minor. The sole proprietor, ALL general partners, corporation or organization president, vice-president, secretary or treasurer, managing director, or an authorized representative must sign. A representative must submit a written power of attorney. (Attach additional sheets if necessary.) I (We) declare that the information in this document and any attachments is true and correct to the best of my (our) knowledge and belief. Type or print name and title of sole proprietor, partner, or officer Sole proprietor, partner, or officer
IORES		Drivers license number/state Date of Birth sign here
SIGNA		Type or print name and title of partner, or officer Partner, or officer
		Drivers license number/state Date of Birth sign here
		Type or print name and title of partner, or officer Partner, or officer
		Drivers license number/state Date of Birth sign here
	F	ield office or section number Employee Name USERID Date