

Pyramid Lake Tax Department
PO Box 256, Nixon, NV 89424
COMBINED APPLICATION FOR SELLER'S PERMIT AND REGISTRATION

Account No.: _____

Name of Business: _____ Phone: _____

Full Legal Name of Corporation: _____

Business Mailing Address: _____
 City State Zip Code

Business Street Address: _____
 City State Zip Code

Corporate Address: _____
 City State Zip Code

Location of Accounting Records: _____
 City State Zip Code

Reason for Filing Application:

- Original
- Change in Ownership
- Location Change
- Mailing Address Change
- Add Location
- Name Change
- Reinstatement
- Update File
- Other (Explain)

Branches in Nevada Using the Same Firm Name Must Be Listed Below (Attach additional sheets if needed):

Business Locations: _____
 City State Zip Code

Will sell alcoholic beverages? Yes No Will sell cigarettes? Yes No

Is there any environmental concerns? _____

What is the primary nature of this business? (Be specific) _____

Date your business started in Nevada: _____
 Month/Day/Year

Federal Tax Identification No. OR, if none, SSN: _____

Type of Organization (Check One) Individual Partnership Corporation
 Other (Explain) _____

LIST OWNER, PARTNERS, OR OFFICERS (Attach additional sheets if needed):

President/Owner (Full Name): _____ SSN: _____

Home address: _____ Home Phone: _____

Vice-President (Full Name): _____ SSN: _____

Home address: _____ Home Phone: _____

Secretary (Full Name): _____ SSN: _____

Home address: _____ Home Phone: _____

Treasurer (Full Name): _____ SSN: _____

Home address: _____ Home Phone: _____

Is business: Part-time Full time

(If part-time, give your regular place of employment): _____

Estimated total monthly receipts: \$ _____ Estimated taxable Nevada monthly receipts: \$ _____

FEE: There is a NON REFUNDABLE FEE OF \$50.00 for every business location.

Total business locations: _____ Fees required: \$ _____

Have you ever been issued a Tribal sales or use tax permit? Yes No

If "Yes", indicate: Active Cancelled Account No.: _____ Firm Name: _____

Was present business purchased from a former owner or operator?

Yes No

If "Yes", did you acquire all or part of the business? All Part Former Account No.: _____

Former Owner's Name: _____ Former Firm Name: _____

CERTIFICATE: The above statements are hereby certified to be correct to the best knowledge and belief of the undersigned who is authorized to sign this application.

 Signature Title Date

Application taken by: _____ Date: _____

Check No: _____ Date Paid: _____ Receipt No: _____

Tax Commission: Approved Denied _____ Date Tribal Council: Approved Denied _____ Date