CRF-002 (rev. 9/02) GEORGIA DEPARTMENT OF REVENUE REGISTRATION UNIT P. O. BOX 49512 ATLANTA, GEORGIA 30359-1512

NEED HELP? CALL (404) 417-4490

(PLEASE PRINT OR TYPE)

STATE TAX REGISTRATION APPLICATION (Please Read Instructions Before Completing)

		ATION SECTION	
1	IF YOU HAVE A STATE TAXPAYER IDENTIFIER (STI), ENTER		
2	REASON FOR APPLICATION	Change in Location Address	Change in Alcohol Licensee
	New Business	Change in Ownership Structure	Additional Tax Registration
	Divided Store (Alcohol Only – Separate Applications required		
		Sales Tax Number :	
3	FOR WHICH OF THE FOLLOWING ARE YOU APPLYING?		Use Tax Only
	Sales Tax	Alcohol License *	Motor Fuel Distributor *
	Withholding Tax	☐ IFTA Registration *	
	☐ Tobacco License	Amusement Machine *	Non-Resd. Distribution
	Application with an actorial (*) require an additional application	Can instructions for details	
	Application with an asterisk (*) require an additional application –		
	If your business is a Sole Proprietorship – Your Name is the Leg	ai Business Name	
4	LEGAL BUSINESS NAME		
5	TRADE NAME / DBA NAME		
6	TYPE OF OWNERSHIP Sole Proprietors		
	Estate Partnership	Municipality	Federal Agency
	Fiduciary Subchapter S Co	orp. Professional Asso	ciation
	Corporation - State of Inc Date	of Incorporation / /	
7	IF THE BUSINESS LISTED ABOVE HAS AN "FEI" NUMBER, E	NTER HERE	
8	IF SEASONAL BUSINESS. STATE MONTHS BUSINESS WILL		egin Thru
9	WHAT IS THE LAST MONTH AND DAY OF YOUR ACCOUNTING		onth Day
9	IF THIS APPLICATION IS FOR A BUSINESS YOU PURCHASE		,
10	FORMER OWNER, IF KNOWN.	B, I NOVIDE THE I DELOWING IN	ORMATION REGARDING THE
	LEGAL BUSINESS NAME		STI NO.
	GA. SALES TAX NO.	GA. WITHHOLDING TAX NO.	PURCHASE PRICE OF BUSINESS
	CA. SALES TAX NO.	GA. WITHIOLDING TAX NO.	
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	ADDRE	SS SECTION	
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11	LOCATION ADDRESS, NUMBER AND STREET SUITE/APART	MENT NUMBER (Enter physical loca	tion address of business. COUNTRY PHONE
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