Application for Business Tax Registration

Allow 15 business days for processing and mailing of your registration certificate. Complete form using BLACK INK.

► Part A Reason for Registration (check the box that applies)

New Business

- Registering Additional Tax Types
- ☐ Additional Business Locations → NOTE: If you are currently registered and have no changes to Part C, please complete Schedule 1 only.

► Part B Type of Registration (check the box for each tax type you are applying for)

Regardless of the number of tax types you are requesting, there is only one \$20 BTR fee due .	Is this tax type subject to the BTR Fee? (See "Exceptions to the BTR fee" for exemptions on page 1 of the general instructions.)	Parts of this application that must be completed.
Uisconsin employer identification number	Yes	Part C, D, F & G
Seller's permit Local exposition tax	Yes	Part C, D, E & G
Consumer's use tax certificate	No	Part C, D, E & G
Use tax certificate	Yes	Part C, D, E & G
Alcohol Beverage	Yes* *Except for medicinal alcohol and sacramental wine permits	Part C
Retail Alcohol Beverage	Yes	Part C
Cigarette and Tobacco Products	Yes	Part C

Part C Business Information

1 Type of Ownership (check one)

Sole Proprietorship			
☐ Partnership. Indicate type → ☐ General	Limited	Limited liab	ility partnership (LLP)
\Box S Corporation \rightarrow Date of Incorporation $//$	$\frac{1}{mo/dav/vr} \rightarrow$	State of Incorpo	pration
\Box C Corporation \rightarrow Date of Incorporation $//$		State of Incorpo	pration
Limited liability company (LLC). Date registered		State of Registr	ation
☐ Taxed as a corporation ☐ Taxed as a pa	rtnership		
\Box Disregarded as an entity separate from its own	er (single member L	LC only)	
Nonprofit organization			
Governmental unit (check appropriate box) Federal VI state agency (list)	LocalTribal	County	ribe)
Other (describe)			
2 Enter 6-digit Business Code (NAICS)		(see instruction	ns)
3 Legal name (sole proprietors / salespersons enter your last name, first, MI)	4 Federal employer ide	entification # (FEIN)	5 Social security number (required for sole proprietorship or salespersons)
6 Mailing address (street or PO Box – include apartment number, suite nur	nber or lot number)		
City State	Zip code		County
7 Contact person	Telephone number		FAX number
	()		()
BTR-101 (N. 9-02)			

► Part D Business Location Information – Complete a Schedule 1 for each additional business location.

1 Trade name of business

Business I	ocation (street ad	ddress – cannot be a PO Box)					
City		State)	Zip code		County	
2 Enter 6	-digit Busines	ss Code (NAICS)		(se	e instruction	s)	
Specialty	Taxes and	Fees (refer to pages 4	and 5 of th	e instructions)			
all of th	e Village of E d and bevera	-	vaukee, indic rentals		aking taxable	sales o	
Date fil	st taxable sa	es will be made/ (mo/a	 lay/yr)				
4 🗌 Yes	🗌 No	Is this location primarily e	engaged in th	e short term rental	of vehicles w	vithout di	rivers?
5 🗌 Yes	🗌 No	Do you provide limousine	e service?				
6 🗌 Yes	□ No	Do you sell tangible pers If Yes, indicate where:		·	ervices subjetty of Wiscons		premier resort area tax? City of Bayfield (effective 01-01-03)
7 Yes	No	Is this location a dry clea	• •				(enective 01-01-03)
8 🗌 Yes	🔄 No	Do you sell dry cleaning	solvents?				
Note:	If you have a	nswered yes to any of the	above, you w	ill receive additiona	l information	regardi	ng those registrations.
Part E	Sales/Use	Тах					
	ed monthly s \$450/month	ales, leases, or rentals sub	-	nsin sales or use ta 3,601 - \$7,000/mon	·	ıll busine /er \$7,00	,
\$1	\$450/month	urchases subject to Wisco	nth 🗌 🞙	3,601 - \$7,000/mon		/er \$7,00	0/month
2 Date fi	st Wisconsin	taxable sales, leases, or re	entals or purc	hases will be made	e/	/	
3 Yes	🗌 No	Will business be operate	d all year?				
4 🗌 Noi	n-profit organi	zation Indicate the da	ate(s) of your	axable event. Fror	n:		То:
Part F	Withholdir	ng Tax					
☐ An ☐ An ☐ A h If you h	out-of-state e agricultural e ousehold emp ave checked	e (see instructions): mployer with no other tax of mployer with farm labor onl ployer with domestic emplo one of the above boxes an	ly, or yees only. nd you are or	nly applying for a W			
	BTR fee is not due with this application. However, if you are also applying for another tax type covered by the BTR provision the fee is still due.					d by the BTR provisions,	
	 2 Estimated amount of Wisconsin income tax to be withheld each month from employees. ¹ \$1 - \$25/month ¹ \$26 - \$100/month ¹ \$101 - \$1,701/month ¹ over \$1,701/month ¹ 					1/month	
		be paid to employees					
	withholding ta	x reports are prepared by	a payroll serv	-	ollowing:		
Name				EIN _		Phone nu	umber)
Address				City		State	Zip code
				1		1	I

Part G Ownership Disclosure

List all owners, partners, corporate officers or members (*If more space is needed, please attach additional pages.*)

Name	Title	Social security number
Home address	City	State Zip code
Home telephone	If you are a partner, check type	
()	Limited	General Partner
▶ Name	Title	Social security number
Home address	City	State Zip code
Home telephone	If you are a partner, check type	
()	Limited	General Partner
▶ Name	Title	Social security number
Home address	City	State Zip code
Home telephone	If you are a partner, check type	
()	Limited	General Partner
▶ Name	Title	Social security number
Home address	City	State Zip code
Home telephone	If you are a partner, check type	
()	Limited	General Partner
Name	Title	Social security number
Home address	City	State Zip code
Home telephone	If you are a partner, check type	
()	Limited	General Partner
Name	Title	Social security number
Home address	City	State Zip code
Home telephone	If you are a partner, check type	1
()	Limited	General Partner

To the best of my knowledge and belief the information on this application is true, correct and complete. If the business fails to report or pay appropriate state taxes, any individual who is responsible for the tax authorizes the Secretary of Revenue or his/her designee to research the credit history of the business or that individual.

Name of person who prepared this application (please print)	Title	Date	
Signature	Business telephone number	Business FAX number	
	()	()	

Schedule 1 – Additional Business Locations for Sales or Excise Tax Permits

Leg	gal name (sole proprietors ent	er your last name, first, MI)	Federal employer identification # (FE	EIN) Social security number (required for sole proprietorship)		
L 1 ⊤	rade name of business		<u> </u>			
Ē	Business location (street addr	ess – cannot be a PO Box)				
c	Dity	State	Zip code	County		
Ch		x type you are applying for at this loca				
	Seller's permit Local exposition tax	Alcohol BeverageRetail Alcohol Bevera	-	nd Tobacco Products		
2	Enter 6-digit Business	Code (NAICS)	(see instructi	ons)		
Sp	ecialty Taxes and Fe	es (refer to pages 4 and 5 of the i	nstructions):			
3	 Local Exposition Tax If you will be making sales in municipalities located wholly or partially in Milwaukee County, including all of the Village of Bayside and the City of Milwaukee, indicate if you will be making taxable sales of any of the following: Food and beverages Automobile rentals Lodging Lodging within the City of Milwaukee 					
	Date first taxable sales	will be made/ / (mo/day/yr)				
4	Yes No	Is this location primarily engaged in the	e short term rental of vehicles	s without drivers?		
5	Yes No	Do you provide limousine service?				
6	Yes No Do you sell tangible personal property or provide taxable services subject to the premier resort area tax If Yes, indicate where: Village of Lake Delton City of Wisconsin Dells City of Bayfield					
7	Yes No	Is this location a dry cleaning facility?		(effective 01-01-03)		
8	Yes No	Do you sell dry cleaning solvents?				
	Note: If you have an	swered yes to any of the above, you v	vill receive additional inform	ation regarding those registrations.		
Sa	les and Use Tax:					
9	\$1 - \$450/month		sin sales or use tax (total for a 3,601 - \$7,000/month	all business locations)] over \$7,000/month		
	Estimated monthly pure	chases subject to Wisconsin tax	63,601 - \$7,000/month	over \$7,000/month		
10		kable sales, leases, or rentals or purcha				
11	Yes No	Will business be operated all year?		v/yr)		
12	🗌 Non-profit organiza		axable event. From:			

To the best of my knowledge and belief the information on this application is true, correct and complete. If the business fails to report or pay appropriate state taxes, any individual who is responsible for the tax authorizes the Secretary of Revenue or his/her designee to research the credit history of the business or that individual.

Name of person who prepared this application (please print)	Title	Date
Signature	Business telephone number	Business FAX number
	()	()