



# Application to Register for Sales & Use Tax Permit as a Sole Proprietor

For Office Use Only

S/U \_\_\_\_\_

*Before you begin to complete this application, please answer the following questions:*

1. Do you have employees for which you have a withholding obligation?
2. Are you making sales on a regular, ongoing basis (store front operation, home based business, internet sales)?
3. Is your business ownership type anything other than a sole proprietorship (individual owner)?

*If you answered yes to any of these questions or if you have a business location other than your home address, please do not use this application form. Use the Application to Register For Income Tax Withholding and Sales and Use Tax Permit available on our web site at [www.nd.gov/tax](http://www.nd.gov/tax).*

1. Owner's Name		2. Phone Number	
3. Business Trade Name/Doing Business As (DBA), if applicable		4. Owner's Social Security Number	
5. Address	City	State	Zip Code

6. Business Activity: List the principal products or activities of your business: i.e. crafts, concessions, candy.

7. Beginning date of sales made in North Dakota:   /   /      
MM DD YYYY

8. Please check the months in which you will be making your sales:

- |                                   |                                 |                                    |
|-----------------------------------|---------------------------------|------------------------------------|
| <input type="checkbox"/> January  | <input type="checkbox"/> May    | <input type="checkbox"/> September |
| <input type="checkbox"/> February | <input type="checkbox"/> June   | <input type="checkbox"/> October   |
| <input type="checkbox"/> March    | <input type="checkbox"/> July   | <input type="checkbox"/> November  |
| <input type="checkbox"/> April    | <input type="checkbox"/> August | <input type="checkbox"/> December  |

9. Application must be signed by owner.

Signature \_\_\_\_\_

Date \_\_\_\_\_

I declare under the penalties of North Dakota Century Code ch. 12.1-11-02, which provides for a Class A misdemeanor for making a false statement in a governmental matter, that this application has been examined by me and to the best of my knowledge and belief is a true, correct, and complete application.

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**Mail to: Office of State Tax Commissioner  
Business Registration  
600 E. Boulevard Ave., Dept. 127  
Bismarck, ND 58505-0599**

**Contact: Fax: (701)328-0336  
Phone: (701)328-3474 - Sales  
Web site: [www.nd.gov/tax](http://www.nd.gov/tax)**