

GARDINER RESORT AREA DISTRICT BUSINESS REGISTRATION FORM

Please PRINT all information below.

Today's Date _____

EIN _____

BUSINESS INFORMATION

Official Corporate or LLC Name

Doing Business As (if applicable)

VRBO# (if applicable)

Physical Address of Business

City

State

Zip

Mailing Address

City

State

Zip

Daytime Telephone Number

Alternate Telephone Number

Email

Website

OWNER INFORMATION

First Name

Last Name

Daytime Telephone Number

Email

CONTACT INFORMATION

Name of person completing remittance form and remitting taxes, title (Ex: Owner, Accountant, Administrative Officer)

Company (if applicable)

Mailing Address

City

State

Zip

Daytime Telephone Number

Email

COMMENTS - Please explain any details you would like us to know about your business.

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