



New Hampshire Department of Revenue Administration

CD-100

	MEALS & RENTALS REQUEST TO UPDATE OR CHANGE LICENSE
Bu	siness Name (DBA): Operator License Number:
The	tice is hereby given to the New Hampshire Department of Revenue Administration that the information for the license number listed above changed. e licensee is requesting the following change in filing requirements and/or providing the updated changes as prescribed in RSA 78-A. eparate Form CD-100 must be submitted per location. Please list changes below.
ST	EP 1 - CHANGE IN CONTACT INFORMATION Business Name (DBA)
1.	business Name (busy)
	Mailing Address
2.	
	City / Town State Zip Code + 4 (or Canadian Postal Code)
	Telephone Number E-Mail Address
3.	4.
	Contact Person Last Name Contact Person First Name Title Telephone Number
5.	
	NH Banking Institution (RSA 78-A:7, II) Account Holder Name
6.	
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NC	EP 2 - CHANGE IN BUSINESS STATUS (BY LOCATION) OTE: You must surrender your current Meals & Rentals Tax License with this form if you have filled out any part of this section. MMDDYYYY
7.	Business uses only a facilitator as of: MMDDYYYY
8.	Business at this location suspended or discontinued entirely, without a new owner as of: MMDDYYYY
9.	Business at this location continued without taxable sales as of:
	MMDDYYYY
10.	Business at this location was acquired by a new owner as of:
	Name of New Owner Contact Person Last Name Contact Person First Name Title
	Address of New Owner Telephone Number
	City / Town State Zip Code + 4 (or Canadian Postal Code)
11.	MMDDYYYY Business moved to a new location (not a new owner) as of:
11.	New Location Address
	City / Town State Zip Code + 4 (or Canadian Postal Code)
	NOTE: A Form CD-3 must be submitted to request a new Meals & Rentals Tax License if box 10 or 11 is checked.







CD-100

MEALS & RENTALS REQUEST TO UPDATE OR CHANGE LICENSE (continued)

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	Residence Address - No PO Boxes			Tel	ephone N	umb	er				Date individual	has hoor
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	City / Town		State	Zip Code	e + 4 (or Ca	nadi	an Posta	l Code)		OR	MMDDYYYY	
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