





Form 210 Office Use Only					Office Use Only		
Check the box	that best describes the re	ason for this application			Permit Number		
Started	a New Business						
☐ Incorpor	rated / Purchased an Exis	ting Business		▶ 1.		Federal Employer Identification Number, if known	
☐ Added a							
Other (e	explain)						
▶2. Business	Name						
	Train.						
	▶3. Address for all leg	al contacts (street and number	r - no PO boxes)			Business Telephone	
Legal	27				Io	1710 0 1	
Address	City				State	ZIP Code	
	▶4. Address, if differen	nt from Box 2, where all tax for	ms wil be sent				
Mailing							
Address	City				State	ZIP Code	
	E Addrage for the es	tural husiness location, if differ		4 and number	= 2 DO hovoo)		
Physical	▶5. Address for the ad	ctual business location, if different	ent from box ∠ (Site	et and humber	- no PO boxes)		
Address	City				State	ZIP Code	
					,		
		e Code from the Instructions p	_			▶6.	
If your t	ousiness is a ilmited paπr	nership, you must name all gen	neral partners begin	ining on line 14-	16.		
▶7. Define yo	our business activity			▶8. What prod	lucts, if any, do you	sell?	
▶9. Date that	the SCIT Tax liability will	begin (mm/dd/yyyy)	<u></u>	· · · ·	ent for the SCIT Tax		
			☐ Up to \$6	5 🗆	Up to \$300	Over \$300	
▶10. Enter the	e number of business loc	ations you will operate on the F	Reservation			▶10,	
		our tax books					
	-	business is not open continuo					
		siness opens			▶12	a.	
		siness closes					
		siness is only open at one or tw					
· ·			· ·		▶13	a	
-		-		_	-	or limited liability companies	
sharenoiders	who are limited liability	companies you must list all	members. For co	rporations the	CEO and CFO are	sufficient.	
•		on this form is true, correct	•	the best of my k			
► 14. Name (L	_ast, First, Middle, Jr/Sr/III	l)	Title		Date of Birth	Phone Number	
Driver License	/ MI Identification No.	Social Security Number	Signature				
Dilvoi Lioonioo	/ IVII Identinodilen 140.	Oodial Ocounty Hambon	Oignataro				
▶15 Name (I	_ast, First, Middle, Jr/Sr/III	1/	Title		Date of Birth	Phone Number	
10. 11.	.431, 1 1131, 14114410, 0176	'	Title		Date of Birth	I Hone Humber	
Driver License	/ MI Identification No.	Social Security Number	Signature		<u>.</u>	-1	
▶16. Name (L	_ast, First, Middle, Jr/Sr/III	1)	Title		Date of Birth	Phone Number	
					<u></u>	<u></u>	
Driver License	/ MI Identification No.	Social Security Number	Signature				

^{*}If you are late on filing a tax return, your SCIT Retail Permit will be immediately revoked.





Retail Permit Class and Application Fee

- Class A: Permanent Permit (181-365 days). All businesses who engage in business on the Reservation for the majority of the calendar year, whether at a temporary or permanent business location, or who engage in business from private homes or residences. There is a \$25 application fee for a Permanent Retail Permit.
- Class B: Seasonal Permit (5-180 days). All businesses who engage in business on the Reservation for a period of not less than 5 days but no more than 180 days in a calendar year. There is a \$10 application fee for a Seasonal Retail Permit.
- Class C: Temporary Permit (4 days or less). All persons who engage in business at a fixed location on the Reservation for a period of 4 days or less. There is a \$5 application fee for a Temporary Retail Permit.

Instructions for Completing the SCIT Sales Tax Retail Permit Application Form 210

- Line 1. Federal Employer Identification Number (FEIN). The Internal Revenue Service issues the FEIN.
- **Line 2. Business Name.** If your company is a partnership or corporation, enter the appropriate indicator in this box: LLP, LLC, Corp, Inc, PC, or LC.
- **Line 3. Legal Address.** Enter the street address where your books and records are kept for audit purposes. You must also receive mail there.
- **Line 4. Mailing Address.** This may be a Post Office box or any other address where you want business tax forms mailed.
- **Line 5. Physical Address.** Enter the physical address if the actual location of your business is different from the legal address, line 2.
- **Line 6. Business Ownership Type Code.** Using the list below, enter the business type code for which you are registering.

Sole Proprietorship	100
Limited Partnership	200
*Submit a list of all general partners - Lines 14-16	300
Any Other Type of Partnership	400
Limited Liability Company (LLC, LC, LLP)	500
S-Corporation	600
Corporation	700
Any Other Type of Business	800

- **Line 7. Business Activity.** Briefly describe the specific business activity or affairs the business will be transacting or conducting on the Reservation.
- **Line 8. Products You Sell.** Briefly describe what products you will sell to the final consumer.
- **Line 9. SCIT Tax.** Indicate the date your liability for the tax begins, and check the box that indicates how much each month you expect to pay of the tax.
- Line 10. List the number of locations on the Reservation that will need a Retail Permit.
- **Line 11. Fiscal Year.** Enter the month in which you close your tax books.
- **Line 12. Seasonal Business (Class B).** Complete this only if your business is not open the entire year. Enter the months your business opens and closes.
- **Line 13. Temporary Business (Class C).** Complete this only if your business is only open at one or two events. Enter the day(s) your business will operate.
- **Lines 14 to 16.** You must supply at least one name. If there are more than three owners or partners, attach a separate sheet of paper.

Note. You must provide a signature certifying that the information provided on the form is true, correct and complete to the best of your knowledge and belief. **If you are late filing a return, your permit will be revoked**.



