



Return this form to:
PO Box 160661 | Big Sky, MT 59716
(406) 995-3234 | info@resorttax.org

**BUSINESS
REGISTRATION**

Account Number:

(Assigned when form is submitted)

Today's Date _____

EIN _____

County: *Madison* or *Gallatin*

Business Information

Official Corporate or LLC name

Doing Business As (if applicable)

Physical Address of Business

City

State

Zip

Mailing Address

City

State

Zip

Daytime Telephone Number

Website

Email

Name of Owner(s)

First Name

Last Name

First Name

Last Name

Daytime Telephone Number

Email

Business Type: Where does a *majority* of your taxable sales come from? Circle One

Resort/Club Lodging/Property Mgmt Restaurant/Bar Retail Liquor License
Recreation Service Spa/Fitness Event

Remittance Agent Contact Information

Printed Name of Person Completing Remittance Coupon i.e. Owner, Accountant, or Bookkeeper

Company

Mailing Address

City

State

Zip

Daytime Telephone Number

Email

Comments

Please explain any details you would like the BSRAD to know about your business. Include any instructions on who should be contacted with future correspondence.

****All information provided is confidential and will not be shared****