

Comal County Water Oriented Recreation District Tax Permit Application

PLEASE TYPE or PRINT

TAXPAYER IDENTIFICATION

1. Legal name of owner (Sole owner, partnership, corporation or otherwise):

2. Mailing address:

3. If you are the sole owner (sole proprietor) of business, enter your home address, if it is different than above:

4. Enter the daytime phone number of the person primarily responsible for filing tax returns:

Area Code

Number

5. Enter your Social Security number, if you are sole owner:

6. Enter your Federal Employer's Taxpayer ID # (TIN), if any:

7. If you are incorporating an existing business, enter the Federal taxpayer identification number of the existing business:

8. Enter your taxpayer number for reporting any Texas Sales and Use Tax:

9. Indicate how your business is owned:

1. Sole Owner _____

2. Partnership _____

3. Limited Partnership _____

4. Texas Corporation _____

5. Limited Liability Company _____

6. Foreign Corporation _____

7. Other (explain) _____

10. If your business is a Texas Corporation, enter the charter number and date:

Charter Number _____ Incorporation Date _____

11. If your business is a foreign corporation, enter the following:

1. Home State _____

2. Charter Number _____

3. Texas Certificate of Authority Number _____

4. Texas Authority Date _____

12. If your business is a limited partnership, enter the following:

Home State _____ Identification Number _____

13. List all general partners or principal officers of your business. If you are a sole owner, skip item 13.

Match the name and the address with the appropriate (letter marked) space provided.

Name (First, initial, Last)

Social Security Number

Title

(a) _____

(b) _____
(c) _____
(d) _____

Home Address (Street & No., State, Zip Code) Phone (Area Code & No.)
(a) _____
(b) _____
(c) _____
(d) _____

Attach additional sheets where necessary

Successor Information

If you purchased an existing business or business assets, complete items 14 thru 17. If you did not, skip to item 18.

14. Enter the former owner's trade name. If known, enter the former owner's Texas Taxpayers Number:

Trade Name _____ TTN _____

15. Enter the former owner's legal name. If known, enter the former owner's address and telephone number:

Address _____ Telephone # _____

16. Check each of the following items you purchased:

____ Inventory ____ Corporate Stock ____ Equipment ____ Real Estate ____ Other Assets

17. Enter date of purchase:

18. You must complete one Attachment A for each location in which you do business and submit with this return.

Signatures

The sole owner, all general partners, corporation president, vice-president, secretary or treasurer or an authorized representative must sign this application. Authorized representative must submit a written authority such as a power of attorney with application (Attach additional signature sheet if necessary)

Date of the Application: _____

I (We) declare that the information in this document and any attachments are true and correct to the best of my (our) knowledge and belief.

(Sign Here) _____

Print Name: _____

Print Title: _____

(Sign Here) _____

Print Name: _____

Print Title: _____

(Sign Here) _____

Print Name: _____

Print Title: _____

Please submit application to P.O. Box 2789 Canyon Lake, Texas 78133 or call (830) 907-2300 for assistance.