Return this form to:
Big Sky Resort Area District
PO Box 160661
Big Sky, MT 59716
(406) 995-3234 office (406) 995-4454 fax
info@bigskyresorttax.com

BUSINESS REGISTRATION

Today's Date_____ County_____

Business Information EIN_____

_____
Official Corporate or LLC name

_____
Doing Business As (if applicable)

_____
Physical Address City State Zip

_____
Mailing Address City State Zip

_____ _____
Daytime Telephone Number Website

Name of Owner

_____
First Name Last Name

_____ _____
Daytime Telephone Number Email

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

continued on back

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

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.

BUSINESS CLOSURE

Complete this section when the business is no longer in operation.

Date of Last Operation _____

Has the business been sold to a new owner? Yes No

If yes, please provide available information of buyer:

_____
Name

_____
Mailing Address City State Zip

_____ _____
Daytime Telephone Number Email

I confirm the above listed business is hereby closed.

_____
Signature Date

_____
Printed Name Telephone Number