



**Return this form within 30 days 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**

**Account Number:**

Today's Date \_\_\_\_\_

*\*the Account Number above will be assigned by the District, sent to you upon receipt of this registration form and then must be included on every remittance slip\**

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

