

You must submit supporting documentation (for example, a copy of the current *Statement of Information* filed with the Secretary of State's office) with this form.

BUSINESS NAME		CDTFA ACCOUNT NUMBER
ENTITY NUMBER		FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN)
BUSINESS TELEPHONE NUMBER	FAX NUMBER	CONTACT PERSON
EMAIL ADDRESS (of your LLC Member designated to handle tax matters)		

Use additional sheets to include information for more than three individuals.

LLC MEMBER

NAME	TITLE	DRIVER LICENSE NUMBER
EMAIL ADDRESS	SOCIAL SECURITY NUMBER	HOME TELEPHONE NUMBER
HOME ADDRESS (street, city, state ZIP Code)		MOBILE NUMBER

LLC MEMBER

NAME	TITLE	DRIVER LICENSE NUMBER
EMAIL ADDRESS	SOCIAL SECURITY NUMBER	HOME TELEPHONE NUMBER
HOME ADDRESS (street, city, state ZIP Code)		MOBILE NUMBER

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HOME ADDRESS (street, city, state ZIP Code)		MOBILE NUMBER

NORTH AMERICAN INDUSTRY CLASSIFICATION SYSTEM (NAICS)

PLEASE LIST YOUR PRIMARY BUSINESS ACTIVITY OR NAICS CODE

TYPE OF BUSINESS YOU ARE ENGAGED IN (please check appropriate box)

Retail Wholesale Construction Contractor Manufacturer Service Leasing Repair

WHAT DO YOU SELL?

CERTIFICATION

(All LLC Members must sign below)

I am duly authorized to sign this application and certify that the statements made are correct to the best of my knowledge and belief. I also represent and acknowledge that the applicant will be engaged in or conduct business as a seller or purchaser of tangible personal property.

PRINTED NAME	SIGNATURE	DATE
PRINTED NAME	SIGNATURE	DATE
PRINTED NAME	SIGNATURE	DATE

Return this form to your local California Department of Tax and Fee Administration [office](#).