

W.O.R.D. of Comal County Tax Permit Application

Please submit to P.O. Box 2789 Canyon Lake TX 78133 or email info@wordcc.com.

TAXPAYER IDENTIFICATION

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

2. Indicate how your business is owned:

Sole Owner _____ Partnership _____ Limited Partnership _____
Texas Corporation _____ Limited Liability Company _____ Foreign Corporation _____
Other (explain) _____

3. Mailing address: (This is where the Permit, tax returns, and other correspondence will be sent)

4. Owner Contact Number: _____ Email: _____

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

BUSINESS INFORMATION:

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. If you do not have either number listed in questions 6 – 8, enter your Social Security number:

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.

I/We, the undersigned, acknowledge that I/We are fully responsible for compliance with all WORD requirements and remittance of taxes. The failure of My/Our hired staff or partners does not excuse this responsibility.

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

Name (First, MI, Last)	Title
(a) _____	_____
(b) _____	_____
(c) _____	_____
(d) _____	_____

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

SUCCESSOR INFORMATION

If you purchased an existing business or business assets, complete items 14 thru 17.

14. Enter the former owner's trade name.

Trade Name _____

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

Number: _____

Name _____

Address _____

Telephone # _____

16. Check each of the following items you purchased:

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

17. Enter date of purchase: _____

BUSINESS INFORMATION (List multiple outlets separately in spaces below.)

***Type of Business**

- | | | |
|---|---|---|
| <input type="checkbox"/> - Campground | <input type="checkbox"/> - Boat Slip Rental | <input type="checkbox"/> - Water Oriented Equipment-
Lake |
| <input type="checkbox"/> - Lodging | <input type="checkbox"/> - Fishing Guide | <input type="checkbox"/> - Water Oriented Equipment-
River |
| <input type="checkbox"/> - RV Park | <input type="checkbox"/> - Whitewater Guide | |
| <input type="checkbox"/> - Dry Boat Storage | | |

Trade Name	
Physical Address City, State, Zip	
Business Phone & Email	
Website (If online ad, list website and listing number)	

First day of business operation _____

Do you want your business listed on the WORD website? (Check one) Yes No

1. Enter the name and contact number of person primarily responsible for filing tax returns and any other persons authorized to file taxes on your behalf: (The owner is legally responsible for all errors)

_____	_____
Primary Name	Phone Number
_____	_____
_____	_____
Additional Names	Phone Numbers

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) If using a third party tax preparer, the business owner must sign this 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.

Print Name _____ Signature _____ Title _____

Print Name _____ Signature _____ Title _____

Print Name _____ Signature _____ Title _____