



(For Office Use Only) Permit #: _____

Water Oriented Recreation District of Comal County

Tax Permit Application

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

BUSINESS INFORMATION (List multiple outlets separately in spaces below)

Type of Business (check all that apply)

- Campground
- RV Park
- Lodging
- Dry Boat Storage
- Boat Slip Rental
- Fishing Guide
- Whitewater Guide
- Water Oriented Equipment - Lake
- Water Oriented Equipment - River

1. Trade Name:				
2. Physical Address		City	State	Zip Code
3. Business Phone:		4. Email Address		
5. Website (if online ad, list website and listing number):			6. First day of business operation:	
7. Do you want your business listed on the WORD website? (Check one): <input type="checkbox"/> Yes <input type="checkbox"/> No				
Additional Locations:				
8. Indicate how your business is owned: <input type="checkbox"/> Sole Owner <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Texas Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Foreign Corporation				
9. Enter Federal Employer's Taxpayer ID # (TIN), if any:				
10. If you are incorporating an existing business, enter the Federal taxpayer identification number of the existing business:				
11. Enter your taxpayer number for reporting any Texas Sales and Use Tax:				
12. If you do not have either number listed in questions 9 -11, enter your Social Security number:				

13. If your business is a Texas Corporation, enter the charter number and date below		
Charter Number:	Incorporation Date:	
14. If your business is a foreign corporation, enter the following below		
Home State:	Charter Number:	
Texas Certificate of Authority Number:	Texas Authority Date:	
15. If your business is a limited partnership, enter the following information below		
Home State:	Identification Number:	
16. List all general partners or principal offices of your business.		
(a) Name (First, MI, Last):	Title:	Phone:
Home Address (Street & No., State, Zip Code):		
(b) Name (First, MI, Last):	Title:	Phone:
Home Address (Street & No., State, Zip Code):		
(c) Name (First, MI, Last):	Title:	Phone:
Home Address (Street & No., State, Zip Code):		
(d) Name (First, MI, Last):	Title:	Phone:
Home Address (Street & No., State, Zip Code):		

SUCCESSOR INFORMATION	
If you purchased an existing business or business assets, complete items 1 thru 4.	
1. Enter the former owner's trade name	2. Enter the former owner's legal name
If known, enter the former owner's address and telephone	
Address:	Phone:
3. Check each of the following items you purchased: <input type="checkbox"/> Inventory <input type="checkbox"/> Corporate Stock <input type="checkbox"/> Equipment <input type="checkbox"/> Real Estate <input type="checkbox"/> Other Assets:	4. Enter date of purchase:

TAXPAYER IDENTIFICATION			
1. Legal Name of Owner (Sole owner, partnership, corporation, or otherwise):			
2. Mailing Address: (this is where the WORD permit, tax return, and other correspondence will be sent):			
Street Name	City	State	Zip Code
3. Owner Contact Information			
Phone Number:	Email		
4. If you are the sole owner (sole proprietor) of business, enter your home address, if it is different than above:			
5. Enter the name and contact number of person or company 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:	Email Address:	Phone Number:	
Additional Name:	Email Address:	Phone Number:	
Additional Name:	Email Address:	Phone Number:	
SIGNATURES			
<p>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.</p> <p>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.</p> <p>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.</p>			
Print Name:	Signature:	Title:	
Print Name:	Signature:	Title:	
Print Name:	Signature:	Title:	