ACBCI TAX FORM 001 (FRONT) REV. 1 (11-22)

AGUA CALIENTE BAND OF CAHUILLA INDIANS TRIBAL TAX DEPARTMENT

APPLICATION FOR RETAILER'S PERMIT

1. APPLICATION TYPE: Seller's Permit Regular Temporary			FOR ACBCI USE ONLY			
2. TYPE OF OWNERSHIP (check one) * Must prov	ide partnership agreement	TAX	IND	OFFICE	PERMIT/ACCOUNT NUMBER(S)	
☐ Sole Owner ☐ Regis	stered Domestic Partnership	S				
☐ Corporation ☐ Limite	ed Liability Company (LLC)			BUS CODE A.C.C.	REPORTING BASIS TAX AREA CODE	
☐ General Partnership ☐ Uninc	corporated Business Trust					
☐ Limited Partnership (LP)* ☐ Limited	ed Liability Partnership (LLP)* to practice law, accounting or architecture)	PROCESS	ED BY	PERMIT/ACCOUNT	RETURN TYPE ☐ (1) xxx ☐ (2) xxx	
Married Co-ownership	to practice law, accounting or architecture) r (describe)			ISSUE DATE	☐ (VERIFICATION	
				//_	□ DL □ PA □ Other	
3. NAME OF SOLE OWNER, CORPORATION, LLC, PA	RTNERSHIP, OR TRUST			4. STATE OF INCORPO	DRATION OR ORGANIZATION	
5. BUSINESS TRADE NAME/ "DOING BUSINESS AS" [DBA] (if any) 6. DATE YOU WILL BE					GIN BUSINESS ACTIVITIES (month, day, and year)	
7. CORPORATE, LLC, LLP OR LP NUMBER FROM CALIFORNIA SECRETARY OF STATE 8. FEDERAL EMPLO					R IDENTIFICATION NUMBER (FEIN)	
	Partners Registered Do		ners [Corp. Officers		
LLC Officers/Managers/	Members Trustees/ Bene	eficiaries	Use addition	onal sheets to include i	information for more than three individuals.	
9. FULL NAME (first, middle, last)	10. TITLE					
11. SOCIAL SECURITY NUMBER (corporate officers excluded) 12. DRIVER LICENSE N					I NUMBER (attach copy)	
13. HOME ADDRESS (street, city, state, ZIP code)					14. HOME TELEPHONE NUMBER	
					()	
15. FULL NAME OF ADDITIONAL PARTNER, OFFICER, OR MEMBER (first, middle, last)					16. TITLE	
17. SOCIAL SECURITY NUMBER (corporate officers e.	xcluded)			18. DRIVER LICENSE N	I NUMBER (attach copy)	
19. HOME ADDRESS (street, city, state, ZIP code)		20. HOME TELEPHONE NUMBER				
21. FULL NAME OF ADDITIONAL PARTNER, OFFICER	R, OR MEMBER (first, middle, last)				22. TITLE	
23. SOCIAL SECURITY NUMBER (corporate officers excluded)				24. DRIVER LICENSE N	NUMBER (attach copy)	
25. HOME ADDRESS (street, city, state, ZIP code)				1	26. HOME TELEPHONE NUMBER	
27. TYPE OF BUSINESS (check one that best describes your best describes and the second	28. NUMBER OF SELLING LOCATIONS					
RESTAURANT DAR OTHER (describe)					(if 2 or more, see Item No. 52)	
29. WHAT ITEMS WILL YOU SELL?					30. CHECK ONE Full-Time Part-Time	
31. BUSINESS ADDRESS (street, city, state, ZIP code) [do not list P.O. Box or mailing service]					32. BUSINESS TELEPHONE NUMBER	
33. MAILING ADDRESS (street, city, state, ZIP code) [if different from business address]					34. BUSINESS FAX NUMBER	
35. BUSINESS EMAIL ADDRESS 36. BUSINESS WEBS			ESS			
www.						
37. NAME OF BUSINESS LANDLORD 38. LANDLORD ADI		DDRESS (stre	et, city, state	, ∠IP code)	39. LANDLORD TELEPHONE NUMBER ()	
40. PROJECTED MONTHLY GROSS SALES	11. PROJECTED MONTHLY TAXABLE SALE	S				

(continued on reverse)

ACBCI FORM 001 (BACK) REV. 1 (11-22)						
42. NAME OF PERSON MAINTAINING YOUR RECORDS	43. ADDRESS (street, o	city, state, ZIP code)	44. TELEPHONE NUMBER			
45. NAME OF BANK OR OTHER FINANCIAL INSTITUTION (note whether business or personal)			46. BANK BRANCH LOCATION			
47. NAME OF MERCHANT CREDIT CARD PROCESSOR (if you accept credit cards)			48. MERCHANT CARD ACCOUNT NUMBER			
49. NAMES OF MAJOR CALIFORNIA-BASED SUPPLIERS	50. ADDRESSES (stree	et, city, state, ZIP code)	51. PRODUCTS PURCHASED			
ADDITIONAL SELLING LOCATIONS (List Al	I Other Selling Location	s Located on the ACBCI Res	servation)			
52. PHYSICAL LOCATION OR STREET ADDRESS (attach separate list, i	if required)					
OWNERSHIP AND ORGANIZATIONAL CHA	ANGES (Do Not Comple	ete for Temporary Permits)				
53 ARE YOU BUYING AN EXISTING BUSINESS? Yes No If yes, complete items 56 through						
54 ARE YOU CHANGING FROM ONE TYPE OF BUSINESS ORGA Yes No If yes, complete items 56 and 59.		ple, from a sole owner to a corporation or fi	om a partnership to a limited liability company, etc.)?			
55 OTHER OWNERSHIP CHANGES (please describe):						
56. FORMER OWNER'S NAME			57. RETAILER'S PERMIT NUMBER			
58. PURCHASE PRICE			59. VALUE OF FIXTURES AND EQUIPMENT			
TEMPORARY PERMIT EVENT INFORMATION	ON					
60. PERIOD OF SALES	61. ESTIMATED EVENT SALES	62. SPACE RENTAL COST (if any)	63. ADMISSION CHARGED?			
FROM:// THROUGH://_	\$	\$	☐ Yes ☐ No			
64. ORGANIZER OR PROMOTER OF EVENT (if any)	65. ADDRESS (street, o	city, state, ZIP code)	66. TELEPHONE NUMBER ()			
67. ADDRESS OF EVENT (If more than one, use line 68, above. Atta	ach separate list, if required.)					
CERTIFICATION						
All Corporate Officers, LLC Managing Members, Partners, or Owners must sign below.						

I am duly authorized to sign the 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 of meals, food and beverage.

NAME (typed or printed)	SIGNATURE	DATE
NAME (typed or printed)	SIGNATURE	DATE
NAME (typed or printed)	SIGNATURE	DATE