

# GARDINER RESORT AREA DISTRICT BUSINESS REGISTRATION FORM

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Please PRINT all information below.

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

EIN \_\_\_\_\_

## BUSINESS INFORMATION

Official Corporate or LLC Name \_\_\_\_\_

Doing Business As (if applicable) \_\_\_\_\_

VRBO# (if applicable) \_\_\_\_\_

Physical Address of Business \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Daytime Telephone Number \_\_\_\_\_

Alternate Telephone Number \_\_\_\_\_

Email \_\_\_\_\_

Website \_\_\_\_\_

## OWNER INFORMATION

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Daytime Telephone Number \_\_\_\_\_

Email \_\_\_\_\_

## CONTACT INFORMATION

Name of person completing remittance form and remitting taxes, title (Ex: Owner, Accountant, Administrative Officer) \_\_\_\_\_

Company (if applicable) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Daytime Telephone Number \_\_\_\_\_

Email \_\_\_\_\_

**COMMENTS** - Please explain any details you would like us to know about your business.

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