

Office of the Tax Administrator

APPLICATION

Rental Vehicle Gross Receipts Tax

Legal / Corporate Name	
Trade Name	
Mailing Address	
City State Zip	
Phone # / Ext	
Location Address*	
City State Zip	

*If more than one location in Cumberland County, please attach a list of all locations & addresses

Type of Business	Sole Proprietor				SSN _	
	Corporation L		LLP	LLC	Fed ID #	
Business Begin Date	Month	Date	Year			
Owner Name						
Owner Mailing Address						

ALL APPLICANTS PLEASE COMPLETE THE FOLLOWING CONTACT INFORMATION

Contact Name	Last:	_First:	Middle Initial
Title			
Phone #			
Fax #			
Cell #			
E-Mail Address			

VEHICLE INFORMATION

QUANTITY & TYPE OF VEHICLES:

____Cars ____Trucks ____Vans ____Trailers _____RV's

Estimated Monthly Gross Receipts:

DEALERSHIPS ONLY: How many vehicles other than inventory do you own that are NOT short-term lease or rental vehicles? For example, car carriers, wreckers or loaners?

Do all of your rental vehicles have U-Drive-It registrations (UDR)?

If this location does not maintain short-term lease or rental vehicles – Initial Here:

FOR OFFICE USE ONLY						
Account #		Owner ID:				
Territory Type						
Beginning Tax Period						
Consolidated	Yes / No			Variant Cycle:	Yes /	No