

\$5

\$5.00 fee

SF-TC FORM 3-4a

APPLICATION FOR REGISTRATION

SAC AND FOX NATION

SAC AND FOX TAX COMMISSION

ROUTE 2, BOX 246

Stroud, Oklahoma 74079

For Office Use Only
Reg. No. Issued TC-Reg. _____
App. Apprvd. _____
App. Rejected _____
Date Reg. Issued _____
Approval Signature: _____

NAME OF OWNER

TELEPHONE NUMBER

NAME UNDER WHICH BUSINESS WILL BE OPERATED

BUSINESS TELEPHONE NUMBER

OWNER/BUSINESS STREET ADDRESS

CITY

STATE

ZIP CODE

MAILING ADDRESS

Indicate whether an Individual _____ Corporation _____ or Other _____ owned.

Have you previously been issued a Sac and Fox Sales Registration? yes () no () If so, give:

NAME OPERATED UNDER, if different

SALES TAX REGISTRATION NO.

DATE

Do you owe any previous years taxes? _____ If so, how much \$_____ for which taxable year?_____

What type of Concession? Arts and Crafts () Food Concession () Other ()

If other, please specify: _____

Date you will begin business: _____ Do you sell cigarettes or Tobacco? _____

INSTRUCTIONS

1. Please print and answer all questions fully.
2. Sales Tax Reports are due each month, first day through the last day inclusive, and are delinquent after the fourteenth (14) day of the following month.
3. Operator must sign application. Improperly signed applications will be returned for correction.

This application has been examined by me, and under penalty of law, I hereby affirm that to the best of my information, knowledge and belief, it is a true and accurate, and complete application.

Date

Signature