



**Office of the Tax Administrator**

117 Dick Street • P.O. Box 449  
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(910) 678-7590 • Fax (910) 678-7582

**Application**

**Rental Vehicle Tax**

**BUSINESS INFORMATION**

OWNER NAME: \_\_\_\_\_  
OR  
COMPANY (LEGAL NAME): \_\_\_\_\_

TYPE OF BUSINESS:     SOLE PROPRIETORSHIP                      SSN \_\_\_\_\_  
 PARTNERSHIP         CORPORATION     LLP     LLC    FID \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

TRADE NAME: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PHONE AT PHYSICAL ADDRESS: \_\_\_\_\_

BUSINESS BEGIN DATE: \_\_\_\_\_

**VEHICLE INFORMATION**

**QUANTITY AND TYPE OF RENTAL 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 \_\_\_\_\_

**ALL APPLICANTS FILL-IN THE FOLLOWING:**

CONTACT PERSON: \_\_\_\_\_ PHONE: \_\_\_\_\_

FAX: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

FOR OFFICE USE ONLY ACCT# _____ DATE OPENED _____
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