

# Schedule of Business Locations For a Consolidated Filer

For Department Use Only

Only those applicants who checked box 16B on Form DTF-17, *Application for Registration as a Sales Tax Vendor*, must fill out this form. This schedule must be completed by applicants who will be operating more than one business location, but filing only one sales tax return for all locations. List each location. To list more than seven locations, photocopy this schedule as needed.

ID \_\_\_\_\_

Name code \_\_\_\_\_

Legal name \_\_\_\_\_

Business/DBA name \_\_\_\_\_

Street address: \_\_\_\_\_ County \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Business phone number ( \_\_\_\_\_ ) \_\_\_\_\_ Date business will begin at this location \_\_\_\_\_

Legal name \_\_\_\_\_

Business/DBA name \_\_\_\_\_

Street address: \_\_\_\_\_ County \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Business phone number ( \_\_\_\_\_ ) \_\_\_\_\_ Date business will begin at this location \_\_\_\_\_

Legal name \_\_\_\_\_

Business/DBA name \_\_\_\_\_

Street address: \_\_\_\_\_ County \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Business phone number ( \_\_\_\_\_ ) \_\_\_\_\_ Date business will begin at this location \_\_\_\_\_

Legal name \_\_\_\_\_

Business/DBA name \_\_\_\_\_

Street address: \_\_\_\_\_ County \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Business phone number ( \_\_\_\_\_ ) \_\_\_\_\_ Date business will begin at this location \_\_\_\_\_

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Business/DBA name \_\_\_\_\_

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City/State/ZIP \_\_\_\_\_

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Business/DBA name \_\_\_\_\_

Street address: \_\_\_\_\_ County \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Business phone number ( \_\_\_\_\_ ) \_\_\_\_\_ Date business will begin at this location \_\_\_\_\_

Legal name \_\_\_\_\_

Business/DBA name \_\_\_\_\_

Street address: \_\_\_\_\_ County \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Business phone number ( \_\_\_\_\_ ) \_\_\_\_\_ Date business will begin at this location \_\_\_\_\_