APPLICATION TO OBTAIN CONTRACTOR'S REQUEST FOR CLEARANCE

NORTH DAKOTA OFFICE OF STATE TAX COMMISSIONER

SFN 59937 (Revised 6/11)

FOR OFFICE USE ONLY

Pursuant to North Dakota Century Code §§ 43-07-10 and 43-07-11.1, a request for Income, Sales and Use Tax Clearance Application is made on behalf of:

Taxpayer Legal Name		Federal Employer Identification Number or Social Security Number	
Doing Business As Name *(if different from line 1)*		Business Telephone Number	
Mailing Address	City	State	ZIP Code
Organization Type	☐ Sole Proprietorship ☐ Partnership ☐ General Partnership ☐ Government ☐ LLC ☐ Association ☐ Corporation		
Description of Business *(list all types of activity)*			
Have business activities been conducted in North Dakota anytime during the past three years?	☐ Yes ☐ No		
Do you have employees earning a wage in North Dakota?	☐ Yes ☐ No		
Are you making retail sales in North Dakota?	☐ Yes ☐ No		

Authorized Signature. I declare under the penalties of N.D.C.C. § 12.1-11-02, which provides for a Class A misdemeanor for making a false statement in a governmental matter, that this application, including any accompanying schedules and statements, has been examined by me and to the best of my knowledge and belief is a true, correct and complete application.

Print Name of Authorized Individual	Title	Telephone Number
Signature		Date

PRIVACY ACT NOTIFICATION

In compliance with the Privacy Act of 1974, disclosure of a social security number or Federal Employer Identification Number (FEIN) on this form is required under N.D.C.C. §§ 43-07-10, 43-07-11.1 and 57-01-15, and will be used for tax reporting, identification, and administration of North Dakota tax laws. Disclosure is mandatory. Failure to provide the social security number or FEIN may delay or prevent the processing of this form.

Mail to: Office of State Tax Commissioner
Business Registration
600 E. Boulevard Ave., Dept. 127
Bismarck, ND 58505-0599

Contact: Fax: 701.328.0332
Phone: 701.328.1241
Website: www.nd.gov/tax
Email: taxregistration@nd.gov