

TX Result Report

P 1

04/28/2016 08:49
Serial No. A0ED011026470
TC: 475890

Addressee	Start Time	Time	Prints	Result	Note
15022270772	04-28 08:48	00:00:56	000/005	No Ans	

Note TMR: Timer TX, POL: Polling, ORG: Original Size Setting, FME: Frame Erase TX,
MIX: Mixed Original TX, CALL: Manual TX, CSAC: CSAC, FWD: Forward, PC: PC-Fax,
BND: Double-Sided Binding Direction, SP: Special original, FCODE: F-Code, RTX: Re-TX,
RLY: Relay, MBX: Confidential, BUL: Bulletin, SIP: SIP Fax, IPADR: IP Address Fax,
I-FAX: Internet Fax

Result OK: Communication OK, S-OK: Stop Communication, PW-OFF: Power Switch OFF,
TEL: RX from TEL, NG: Other Error, Cont: Continue, No Ans: No Answer,
Refuse: Receipt Refused, Busy: Busy, M-Full: Memory Full,
LOVR: Receiving length Over, POVR: Receiving page Over, FIL: File Error,
DC: Decode Error, MDN: MDN Response Error, DSN: DSN Response Error.

BRANDICORP, LLC
45 Fairfield Ave, Suite 200
Bellevue, KY 41073
(859)292-8040
Fax (859) 292-8050

TO: *TREASURY REGISTRATION SECTION*
Fax #: *(502) 227-0772*
FROM: Matt Kramer
FAX#: (859)292-8050
#PAGES: *5* including cover page

The information contained in this facsimile is intended for its addressee and may contain information that is privileged, confidential, or otherwise protected from disclosure. Dissemination, distribution, or copying of this facsimile or the information herein by anyone other than the intended recipient, or the employee, or agent responsible to deliver the intended recipient, is prohibited. If you have received this facsimile in error, please notify us immediately by telephone and return the original facsimile to us.

KENTUCKY TAX REGISTRATION APPLICATION

FOR OFFICE USE ONLY	
NAICS	

► **Important—Please see instructions for details on completion. Print or type the application using blue or black ink. Incomplete or illegible applications will delay processing or be returned.**

Need Help?

Call (502) 564-3306 or visit www.revenue.ky.gov

SECTION A REASON FOR FILING THIS APPLICATION (Must be completed)

- 1 **Effective Date:** 05/01/2016
- Opened new business
- Resumption of business
- Registering to collect Kentucky use tax
- Opened new location of current business (See instructions)
- Applying for additional tax accounts
- Change in Ownership:**
- Ownership Type—Previous type _____
- Purchase of existing business
- Other (specify) _____
- Updating Information (See instructions—You do not need to complete the entire application.)
- 2 **Previous Owner's Account Numbers:**
- Kentucky Withholding _____
- Kentucky Corporation Income _____
- Kentucky Sales and Use _____
- FEIN _____
- Not applicable
- 3 **Your Current Account Numbers:**
- Kentucky Withholding _____
- Kentucky Corporation Income _____
- Kentucky Sales and Use _____
- FEIN _____
- Not applicable

SECTION B IDENTIFY YOUR BUSINESS OR ORGANIZATION (Must be completed)

- 4 **Legal Business Name** CB REAL ESTATE PARTNERS, LLC
- 5 **DBA** Day HOGE LIQUOR
- 6 **Federal Employer Identification Number (FEIN)** 80-0761453
- 7 **Business Location** 90 BLACKBURN ROAD
- Street Address** _____
- (Do Not List a P.O.Box) **City** Day HOGE
- State** KY **ZIP Code** _____
- 8 **County** GRANT 9 **Location Telephone** (859) 292-8090
- 10 **A** Give a description of the nature of your primary Kentucky business activity. Include a description of any services provided. OPERATE A RETAIL CONVENIENCE LIQUOR STORE
- B** Give a description of the nature of your primary business activity outside Kentucky. Include a description of any services provided. _____
- 11 **NAICS Code: (optional)**
- 12 If you make sales, list products sold: CONVENIENCE STORE ITEMS: LIQUOR BEVERAGES, NON-ALCOHOLIC BEVERAGES
- 13 **Accounting Period:** Calendar Year 12/31 Fiscal Year: ___/___
- 14 **Ownership Type:**
- Sole Proprietor Real Estate Investment Trust Limited Liability Company (LLC)
- Corporation Other: (See instructions) _____ **For Federal Purposes Taxed As:**
- S Corporation Partnership Partnership
- Government General Partnership Corporation
- Association Limited Partnership S Corporation
- Joint Venture Limited Liability Partnership (LLP or LLLP) Single Member—Disregarded Entity,
- Trust Member taxed as: _____

OWNERSHIP DISCLOSURE—RESPONSIBLE PARTIES (Must be completed)

	Name (Last, First, MI)	Title	Residential Address, City, State, ZIP Code	Soc. Sec. No. (Required)
15	COZZART, GREGORY	MGR	6689 EDGEWOOD DR. BURLINGTON, KY 41005	409-35-4438
16	BRANOV, MICHAEL T.	MGR	6755 MIRALAKE DR. CINTI, OH 45243	277-60-7036
17				
18				

IMPORTANT: APPLICATION MUST BE SIGNED BELOW The statements contained in this application and any accompanying schedules are hereby certified to be correct to the best knowledge and belief of the undersigned who is duly authorized to sign this application.

Signed [Signature] Signed _____

Title CONTROLLER Date 4/28/2016 Title _____ Date ___/___/___

CONTACT PERSON (Must be completed)

19 Name (print) MATT KRAMER 20 Title CONTROLLER
21 E-mail Address (optional) mkramer@brandiscorp.com 22 Daytime Telephone (859) 292-8040, Ext.
23 Fax (859) 292-8050

SECTION C TELL US ABOUT YOUR BUSINESS OR ORGANIZATION (Must be completed)

24 Does your business or organization:
A Have employees or will you hire employees to work in Kentucky within the next 6 months?
B Employ Kentucky residents who work outside the state of Kentucky on which you wish to voluntarily withhold?
25 If your business is a corporation or a limited liability company choosing taxation as a corporation for federal purposes, do or will the officers receive compensation other than dividends?
If you answered "Yes" to EITHER question 24 or 25, or are adding an additional account, you must complete Section D.

26 Does or will your business or organization:
A Make retail sales?
B Make wholesale sales?
27 Does or will your business or organization:
A Install repair or replacement parts in tangible personal property?
B Produce, fabricate, process, print or imprint tangible personal property?
28 Does or will your business or organization rent or lease tangible personal property to others, including related companies?
29 Does or will your business or organization charge taxable admissions?
30 Does or will your business or organization rent temporary lodging to others?
31 Do or will you sell for or are you a manufacturer's agent who solicits orders for a nonresident seller not registered in Kentucky?
32 Does or will your business sell:
A Coal
B Other minerals
C Water
D Natural, artificial or mixed gas
E Electricity
F Communication services
G Sewer services
H Cable services
I Satellite broadcast services

If you answered "Yes" to ANY of questions 26 through 32 (except 32H or 32I), or are adding an additional account, you must complete Section E AND you may SKIP questions 33-35.

33 Is your business or organization a construction company (contractor) that brings equipment into Kentucky for use?
34 Is your business or organization a construction company (contractor) that brings into this state construction materials or supplies on which no Kentucky sales tax or equivalent has been paid?
35 Does or will your business or organization make purchases from out-of-state vendors and not pay Kentucky sales or use tax to the seller on those purchases?
If you are a professional service business, please see instructions for important additional details.
If you answered "Yes" to ANY of questions 33 through 35, you must complete Section F.

36 Is your business or organization a corporation, S corporation, limited partnership, limited liability partnership (LLP), limited liability company (LLC), professional limited liability company (PLLC), real estate investment trust (REIT), regulated investment company (RIC), real estate mortgage investment conduit (REMIC), financial asset securitization investment trust (FASIT) or similar entity created with limited liability for the partners, members or shareholders?

The 2005 Kentucky General Assembly enacted legislation that defines corporations to include the companies listed above. The legislation requires these entities to file a Kentucky corporation income tax return for periods beginning on or after January 1, 2005, regardless of how they file with the Internal Revenue Service. These entities must apply for a Kentucky Corporation Income Tax Account.

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If you answered "Yes" to question 36, you MUST answer questions 37 through 45 AS IF YOUR BUSINESS OR ORGANIZATION IS A CORPORATION. Sole proprietorships and general partnerships may SKIP questions 37 through 45.

- | | Yes | No |
|---|-------------------------------------|-------------------------------------|
| 37 Is your corporation organized under the laws of Kentucky? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 38 Does or will your corporation have its commercial domicile in Kentucky? (See instructions) | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 39 Does or will your corporation own or lease any real or tangible personal property located in Kentucky? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 40 Does or will your corporation have one or more individuals performing services in Kentucky? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 41 Does or will your corporation maintain an interest in a general partnership doing business in Kentucky? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 42 Does or will your corporation derive income from or attributable to sources within Kentucky, including deriving income directly or indirectly from a trust doing business in Kentucky? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 43 Does or will your corporation direct activities at Kentucky customers for the purpose of selling them goods or services? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 44 Does your corporation own or lease any intangible property in Kentucky such as royalties, franchise agreements, patents, trademarks, etc.? (See instructions) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 45 Is your business or organization a homeowner's association? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

If you answered "Yes" to ANY of questions 37 through 45, you must complete Section G.

46 Did you purchase an existing business? (See instructions) Yes No

SECTION D EMPLOYER'S WITHHOLDING ACCOUNT
(Must be completed if you answered "Yes" to question 24 OR 25, or you are registering for an additional account.)

- 47 Number of employees in Kentucky TBD
- 48 Date wages first paid TBD / /
- 49 Estimated quarterly withholding in Kentucky \$ TBD
- 50 Send mail related to this account to
- Same address as in Page 1, Section B, Item 7
- Mailing address ATTN MATT KRAMER Street 45 FAIRFIELD AVE, SUITE 200
- City BELLEVUE
- 51 County CAMPBELL State, ZIP Code KY 41073
- 52 Mail address telephone (859) 292-8040

SECTION E SALES AND USE TAX ACCOUNT
(Must be completed if you answered "Yes" to ANY of questions 26 through 32G, or you are registering for an additional account.)

- 53 Date sales began or will begin TBD / /
- 54 Accounting method Cash Accrual
- 55 Do you rent temporary lodging to others? Yes No
- 56 Do you sell new tires for motor vehicles? Yes No
- 57 Estimated gross monthly sales \$ TBD
- 58 Send mail related to this account to
- Same address as in Page 1, Section B, Item 7
- Same address as in Section D, above
- Mailing address ATTN _____ Street _____
- City _____
- 59 County _____ State, ZIP Code _____
- 60 Mail address telephone (_____) _____ - _____

SECTION F CONSUMER'S USE TAX ACCOUNT
(Must be completed if you answered "Yes" to ANY of questions 33 through 35.)

- 61 Date purchases began or will begin (If you make a one-time purchase only, see instructions.) _____ / _____ / _____
- 62 Send mail related to this account to
- Same address as in Page 1, Section B, Item 7
- Same address as in Section D, above
- Mailing address ATTN _____ Street _____
- City _____
- 63 County _____ State, ZIP Code _____
- 64 Mail address telephone (_____) _____ - _____

SECTION G CORPORATION INCOME TAX ACCOUNT

(Must be completed if you answered "Yes" to ANY of questions 37 through 45.)

65 Date of incorporation or organization 10 1 1 7 1 2 0 1 4

66 State of incorporation or organization OHIO

67 Date of qualification in Kentucky 1 0 1 1 7 1 2 0 1 4

68 Is this corporation a member of an affiliated corporate group?

Yes The Common Parent Name Is _____
DBA _____
Address _____
City, State, ZIP Code _____
FEIN -
Start Date ____/____/____

No

69 Send mail related to this account to

Same address as in Page 1, Section B, Item 7

Same address as in Section D, on Page 3

Mailing address ATTN _____ Street _____

City _____

70 County _____ State, ZIP Code _____

71 Mail address telephone (____) _____ - _____

For assistance in completing the application, please call the Taxpayer Registration Section at (502) 564-3306, Monday through Friday between the hours of 8 a.m. and 4:30 p.m., Eastern time, OR you may call or visit one of the following Kentucky Taxpayer Service Centers or the Telecommunication Device for the Deaf.

Each office is open Monday through Friday, 8 a.m. to 4:30 p.m., local time.

Ashland (606) 920-2037
Bowling Green (270) 746-7470
Central Kentucky (502) 564-4580
Corbin (606) 528-3322
Hopkinsville (270) 889-6521
Louisville (502) 595-4512

Northern Kentucky (859) 371-9049
Owensboro (270) 687-7301
Paducah (270) 575-7148
Pikeville (606) 433-7675
Telecommunication Device for the Deaf (502) 564-3058

Mail completed application consisting of ALL 4 pages to:

**Kentucky Department of Revenue
P.O. Box 299, Station 20
Frankfort, Kentucky 40602-0299**

OR fax completed application consisting of ALL 4 pages to:

ATTN: Taxpayer Registration Section at (502) 227-0772

For information about registering for coal severance tax, cigarette tax, minerals or natural gas severance tax, motor fuels tax, utility gross receipts license tax or any other tax administered by the Department of Revenue, please visit our Web site at www.revenue.ky.gov.

If you are applying for a withholding account and/or a sales and use tax account and would like to receive a packet to register for Electronic Funds Transfer (EFT), please call (502) 564-6020.

The DOR has an Ombudsman's Office to serve as your advocate and is available to make sure your rights are protected. You may contact the Ombudsman's Office at (502) 564-7822.

This form does not include registration for Unemployment Insurance or Workers' Compensation Insurance. Please contact the Business Information Clearinghouse toll free at 1-800-626-2250 (in Kentucky) or (502) 564-4252 (outside Kentucky) to obtain information on these taxes or contact the offices directly at the numbers below.

Unemployment Insurance (502) 564-2272
Workers' Compensation (502) 564-5550

Secretary of State (502) 564-2848
IRS—FEIN (800) 829-4933



The Kentucky Department of Revenue does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services.