

EXHIBITOR ...

Delaware requires a Business License be issued to all 'new' vendors participating in any Delaware craft show(s).

The fee is \$25 & is prorated monthly for NEW licenses only. This license is good for the duration of any Delaware show for the current year. If you already applied for the Delaware license in the current year, you do not need to re-apply. After initial registration, you will need to re-apply on a yearly basis (\$25 per year).

Handcraft Unlimited has no control over this or anything relating the Business License.

If you have further questions or concerns go online at:

<http://revenue.delaware.gov> or **302-577-8261**

THANK YOU...



Bill Shumate, President

Handcraft Unlimited & Country Peddler Craft Shows



STATE OF DELAWARE
DEPARTMENT OF FINANCE
DIVISION OF REVENUE
820 N. French Street
Wilmington, Delaware 19801
(302) 577-8778

**COMBINED REGISTRATION APPLICATION
FOR
STATE OF DELAWARE
BUSINESS LICENSE AND/OR
WITHHOLDING AGENT**

DO NOT WRITE OR STAPLE IN THIS AREA

THIS FORM MUST BE COMPLETED BY ALL PERSONS OR COMPANIES CONDUCTING BUSINESS ACTIVITIES IN DELAWARE

FAILURE TO COMPLETE ALL QUESTIONS MAY RESULT IN DENIAL OF A BUSINESS LICENSE

PART A - TO BE COMPLETED BY ALL TAXPAYERS

1 Enter Employer Identification Number 1- - or Social Security Number 2- - -

2 Name
3 Trade Name (If different from above)
4 Primary Location Address
5 Mailing Address if Different
6 If business is Seasonal, State Active Months From: _____ To: _____
7 Accounting Period (Check appropriate box) Enter Month and Day of Fiscal Year Ending
 Calendar Year Fiscal Year - 12 Month Basis Ending
8 City Country State Zip Code
9 MO DAY YEAR

10 When did or when will you begin operating in Delaware
11 Type of Ownership (Check Appropriate box)
01 Sole Proprietorship
02 Partnership
03 Non-Profit Corporation
04 Corporation
06 Sub-Chapter S Corporation
07 Federal Government
08 Fiduciary (Estate or Trust)
09 Cooperative
10 Other: Explain _____
11 Holding/Investment Company
12 Professional Association
18 Employer - Domestic Employee(s)
20 Bank
21 Insurance Company
23 Limited Liability Company
24 Limited Liability Partnership
25 Delaware State Government
26 Delaware County Government
27 Delaware Municipal Government
28 Other State's Government Agency
30 LLC - Partnership
31 LLC - Corporation
32 LLC - Non-Elect
33 LLC - Non-Elect Individual
34 QSSS
35 Withholding Agent Only

12 Sub Chapter S Corporations only - Do you have Shareholders that DO NOT reside in Delaware? YES NO
13 Parent Company Name
14 Parent Employer Identification Number -
15 Previous Business Name
16 Previous Identification Number EIN SSN (Circle One)
17 Name of individual who may be contacted regarding tax matters. Phone FAX E-mail Address

18 Identify Owners, Partners, Corporate Officers, Registered Agent or Trustees:
Name: Last First Title Social Security #

19 Fully Describe Business Activity (MUST BE COMPLETED)
CRAFT SHOW

PART B - TO BE COMPLETED BY ALL EMPLOYERS

Every employer making the payment of wages taxable to a resident or non-resident employee working in Delaware is required to withhold state income taxes. Employers may also withhold Delaware state income tax from residents of Delaware who do not work in Delaware.

The filing frequency for a withholding agent is determined by the amount of withholding paid during a "lookback" period. The lookback period is a twelve month period between July 1 and June 30 immediately preceding the calendar year for which the lookback period is determined. The Division of Revenue will determine the amount of tax reported during the lookback period and advise all withholding agents of their withholding filing method. **All withholding agents having no prior record of withholding will file on a monthly basis until the next "lookback period".**

Amount of Withholding During "Lookback" Period	Filing Method
\$3,600 or Less	Quarterly
\$3,600.01 and Less Than \$20,000	Monthly
\$20,000.01 and Greater	Eighth Monthly

1. Will you have employees that work in Delaware, or withhold DE state income tax from DE residents that do not work in DE? YES NO
2. Do you need a copy of the Delaware State Withholding Tax Tables? YES NO

Sole proprietors and partners are responsible for filing and paying their own Delaware state taxes. This is done by remitting personal estimated taxes on a quarterly basis. To obtain Personal Estimated Tax Packages; call the Individual Master File Unit at (302) 577-8588.

PLEASE NOTE: All employers are also required to register with the Delaware Department of Labor, Unemployment Insurance and report new hires to the Division of Child Support Enforcement.

PART C - TO BE COMPLETED BY TAXPAYERS APPLYING FOR A LICENSE

LICENSE APPLICATIONS WILL NOT BE PROCESSED WITHOUT LICENSE FEE

LICENSE #1 - NAME AND ADDRESS

REV CODE 0101-01

1. Enter Federal Employer Identification Number OR Social Security Number

1- [][]-[][][][][][][][][][] 2- [][][][]-[][][]-[][][][][][][][][]

2. Name

3. Trade Name if Different from Above

4. Business Location Address 5. Mailing Address if Different

City State Zip Code City State Zip Code

6. Describe your business activity **CRAFT SHOW**

7. When did or when will you begin operating in Delaware?

FOR OFFICE USE ONLY
Bus Code | Suffix

8. For what calendar year are you applying? Calendar year ending 12/31/ []

[] Check if 65 years or older and whose total sales are less than \$5,000 (25% of Annual Fee)

Proration Basis for Initial Licenses	Jan - 100%	Apr - 75%	Jul - 50%	Oct - 25%
Multiply Annual Fee by Respective Month	Feb - 92%	May - 67%	Aug - 42%	Nov - 17%
Percentage and Circle Month Started	Mar - 83%	Jun - 58%	Sep - 33%	Dec - 8%

PLEASE READ PART C INSTRUCTIONS BEFORE COMPLETING COMPUTATION OF THE FEE.

COMPUTATION OF FEE \$ **\$25.00** X [] = \$ **\$25.00** X [] = \$ []

Annual Fee # of units if Applicable Total License (annual fee X # of units) Prorated Percentage Total Fee

9. AMOUNT DUE MUST BE REMITTED WITH THIS APPLICATION. (Total Fee from License # 1 and License # 2.) \$ []

SIGNATURE TITLE DATE

I declare under penalties as provided by law that the information on this application is true, correct and complete.