



North Dakota Office of State Tax Commissioner

## SALES & USE TAX PERMIT CHANGE OF ADDRESS FORM

|   |  |   |          |
|---|--|---|----------|
| Sales/Use Tax Permit No.                        |  | Phone                                     |          |
| Federal Identification No. (if applicable)      |  | Social Security No. (if individual owner) |          |
| Doing Business As                               |  |   |          |
| Corporate, Legal, or Owners Name                |  |   |          |
| Old Mailing Address (Street or Post Office Box) |  |   |          |
| City  |  | State                                     | Zip Code |
| New Mailing Address (Street or Post Office Box) |  |   |          |
| City  |  | State                                     | Zip Code |
| Physical Address of Business (Street Address)   |  |   |          |
| City  |  | State                                     | Zip Code |
| Name (please print)                             |  | Title                                     |          |
| Signature                                       |  | Date                                      |          |
| E-Mail Address                                  |  |   |          |

Office of State Tax Commissioner  
Registration Section  
600 E. Boulevard Ave. Dept. 127  
Bismarck, ND 58505-0599  
Phone: 701.328.1241  
Fax: 701.328.0332  
Email: [taxregistration@nd.gov](mailto:taxregistration@nd.gov)  
Web site: [www.nd.gov/tax](http://www.nd.gov/tax)