

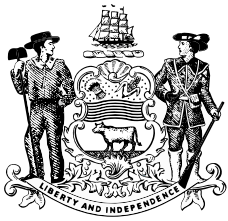
# DELAWARE F O R M

## DIVISION OF REVENUE **CLR-APP**

### APPLICATION FOR TAX CLEARANCE CERTIFICATE



<b>1. Name of Business/Taxpayer</b>		<b>Taxpayer ID Number (FEIN or SSN)</b>					
<b>2. Address of Business/Taxpayer</b>							
P.O. Box or Street and Number						Phone Number	
City or Town		County			State	Zip Code	
<b>3. Name, Address and Phone No. of Attorney or Rep to whom Clearance Certificate should be sent (if different from #2)</b>							
Name		P.O. Box or Street and Number				Phone Number	
City or Town		County			State	Zip Code	
<b>4. Name(s), Home Address(es) and Social Security No.(s) of Sole Proprietor, General Partners, Business Trustee, President and Treasurer of the Corporation or Chief Executive Officer or Majority Owner of Entity. (Attach listing if necessary)</b>							
Name		Social Security Number				Phone Number	
P.O. Box or Street and Number		City			State	Zip Code	
<b>5. Type of Business</b>							
<input type="checkbox"/>	Domestic Corporation (Incorporated in DE)	<input type="checkbox"/>	Foreign Corporation (not incorporated in DE)			<input type="checkbox"/>	Liquidating Trust
<input type="checkbox"/>	Partnership	<input type="checkbox"/>	Proprietorship			<input type="checkbox"/>	Limited Liability Company
<input type="checkbox"/>	Association	<input type="checkbox"/>	Business Trust			<input type="checkbox"/>	Nonprofit Corporation
<input type="checkbox"/>	Limited Liability Partnership	<input type="checkbox"/>	Other (Specify) _____				(Please submit copy of 501(c) exemption letter)
If Domestic Corporation, give incorporation date.		If Foreign Corporation, give state where incorporated and Date of Certificate of Authority in Delaware.			Date business started in Delaware		Date Terminated
Registered Delaware Address, P.O. Box, Street and Number							
City or Town		County			State	Zip Code	
<b>6. Describe the business activity in Delaware</b> , including services performed and rendered, and give principal commodity sold at wholesale or retail. If sales or construction are involved, please explain. If manufacturer's representatives or independent contractors perform activities, render services or execute sales on behalf of the entity rather than entity's employees, please specify what activities were performed, what services were rendered and what type of sales were executed.							
<b>7. Did the entity have employees for which DELAWARE personal income tax was required to be withheld from wages?</b>							<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, explain.							
<b>8. Did taxpayer ever hold any of the following licenses, permits or accounts with the State of Delaware?</b>							
(a) Corporation Tax	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Period	to	Revenue ID No.
(b) Liquor License	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Period	to	License No.
(c) Motor Fuels	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Period	to	Permit No.
(d) Cigarette and/or Tobacco Tax	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Period	to	License No.
(e) Public Accommodations Tax	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Period	to	License No.
(f) Motor Carrier	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Period	to	License No.
(g) Lottery	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Period	to	Agent No.
(h) Public Transportation Assistance	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Period	to	License No.
(i) Delaware Unemployment Compensation	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Period	to	Account No.
(j) Marijuana Retail Store	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Period	to	OMC License No.
(k) Marijuana Testing Facility	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Period	to	OMC License No.
(l) Marijuana Cultivation Facility	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Period	to	OMC License No.
(m) Marijuana Product Manufacturing	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Period	to	OMC License No.



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**9. Were the assets or activities of the business acquired in whole or in part from a prior business entity?**  Yes  No  
 (If "Yes", give predecessor's name, address and acquisition date.)

Name		Acquisition Date	
		MM DD YYYY	
P.O. Box or Street and Number		Phone Number	
City or Town	County	State	Zip Code

**10. Has the business held title to any real estate in the last five years from the date of this application?**  Yes  No

- If "Yes", complete Schedule A (Page 4).
- If you currently hold title to real estate in Delaware, complete Schedule B (Page 5).

**11. Will the assets or activities of the business be transferred to another?**

(a) Corporation	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	If Other, Explain:	Name of New Owner		
(b) Partnership	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No				
(c) Proprietorship	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		Street Address of New Owner		
(d) Liquidating Trust	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No				
(e) Association	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		City	State	Zip Code
(f) Other	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No				

**12. Purpose of clearance certificate** (check appropriate block):

<input type="checkbox"/>	A. Dissolution of Entity through Department of State.	Date
<input type="checkbox"/>	B. Dissolution of Entity through Court of Chancery. Date Court was petitioned and county:	MM DD YYYY
<input type="checkbox"/>	C. Withdrawal of Foreign Entity through Department of State.	
<input type="checkbox"/>	D. Merger or consolidation of two or more Entities where surviving Entity is not subject to the jurisdiction of Delaware.	
<input type="checkbox"/>	E. Liquor License	
<input type="checkbox"/>	F. Marijuana License	
<input type="checkbox"/>	G. Other	

**13. Location of business records, available for audit of Delaware Operations.**

P.O. Box or Street and Number		Phone Number	
City or Town	County	State	Zip Code

**14. List any matters pending with the Delaware Division of Revenue** (e.g. petitions, appeals):

**15. Did the business ever, within the State of Delaware**

(a) Engage in the sale or lease of tangible personal property since Sept. 1, 1953?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Period	to	
(b) File Delaware Unemployment Compensation	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Period	to	

If "Yes", give Account No. \_\_\_\_\_ (See question 8i.)

**16. Have you terminated your business activities in Delaware**  Yes  No

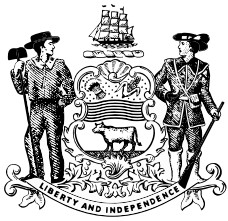
If "Yes", give distribution of assets date: \_\_\_\_\_

If "No", explain: \_\_\_\_\_

If a Foreign Corporation, have you terminated business in the state of your incorporation?  Yes  No

**17. Number of employees and total gross payrolls during the last five operating years** (as reported to the Social Security Admin.)

Year	Total Employees	Delaware Employees	Total Gross Payroll	Delaware Gross Payroll
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$



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**18. Have the officers received any remuneration**, in cash or other form, for services performed in Delaware during the current calendar year or during any of the preceding four calendar years?  Yes  No

**19. Were any remunerated services performed for the business in Delaware**, which you believe did not constitute "employment" as defined in the Delaware Unemployment Compensation Law?  Yes  No

If "Yes", explain:

**20. A. Average number of stockholders during the last five years:** \_\_\_\_\_

B. Number of stockholders as of this report: \_\_\_\_\_

C. List names and home addresses of stock transfer agents who have handled the corporation's stock:

Name	Address

D. Were all shares presented and property redeemed from any stock called for redemption or retired?  Yes  No

**21. The figures below must agree with the last corporate tax report filed with the Delaware Division of Revenue.**

Date of Report:	MM DD YYYY	Total Liabilities:	\$ _____
Total Assets:	\$ _____	Total Equity (net worth):	\$ _____

**22. A. List the amount of corporate bonds issued and still outstanding as of this report.**

Show each issue separately and include name and address of any transfer or paying agents.

Issue	Agent	Number of Outstanding Bonds	Amount
			\$ _____
			\$ _____
			\$ _____

B. List names and addresses of transfer or paying agents not listed above who have handled corporate bond issues.

Name	Address

**23. Do you have within your custody, possession or control any abandoned and unclaimed (escheatable) funds or assets** such as dividends, payroll, deposits, outstanding checks, stock certificates, unidentified deposits, accounts payable debit balances, gift certificates, outstanding debentures or interest, royalties, mineral rights or funds due missing shareholders or other unclaimed amounts payable?  Yes  No

**24. Has the business filed a Delaware Abandoned and Unclaimed Property Report for the preceding year?**  Yes  No

**CERTIFICATION:** I certify that the information provided (including Schedules, if applicable) on this application has been examined by me and is, to the best of my knowledge, true and correct. (Certification must agree with individuals listed in Question 4)

\_\_\_\_\_  
 AUTHORIZED SIGNATURE

\_\_\_\_\_  
 DATE

\_\_\_\_\_  
 PHONE NUMBER



Direct telephone inquiries to the Delaware Division of Revenue at:



(302) 577-8445

Mail a copy of this form with Form 8821 DE (Authorization to Release Tax Information) along with a check in the amount of \$40 (Business)/\$20 (Individual) made payable to Delaware Division of Revenue.



Office of Tax Enforcement  
 Delaware Division of Revenue  
 820 North French Street  
 Wilmington, DE 19801



# D E L A W A R E F O R M

## D I V I S I O N O F R E V E N U E **CLR-APP**



### APPLICATION FOR TAX CLEARANCE CERTIFICATE

#### SCHEDULE A - STATEMENT OF ACQUISITION AND/OR DISPOSITION OF DELAWARE REAL ESTATE WITHIN FIVE YEARS FROM THE DATE OF THIS APPLICATION

1	Name of Transferee (EE) or Transferor (OR). Indicate each by symbol EE or OR.	Date of Transfer (MM/DD/YYYY)	Property Location by Local Political Subdivision & County	Acquisition Date (MM/DD/YYYY)	Original Cost	
					Land	Building
2					\$	\$
3					\$	\$
4					\$	\$

1	County Assessed Value	Actual Consideration including Encumbrance Assumed*	Actual Monetary Worth (Market Value) at Time of Transfer*	Amount of Delaware Realty Transfer Tax PAID	Explanation
2	\$	\$	\$	\$	
3	\$	\$	\$	\$	
4	\$	\$	\$	\$	

List all real estate now owned in Delaware that the business will dispose of prior to or at the time of the action for which a clearance is required. If under agreement of disposition, attach copy of executed agreement for each property so affected.  
 \* Complete if applicable. If transfer represents less than a full fee-simple interest in the property, explain on a separate sheet of paper.



# D E L A W A R E F O R M

## D I V I S I O N O F R E V E N U E **CLR-APP**



### APPLICATION FOR TAX CLEARANCE CERTIFICATE

SCHEDULE B - STATEMENT OF ALL DELAWARE REAL ESTATE NOW OWNED						
	Property Location by Local Political Subdivision & County	Acquisition Date (MM/DD/YYYY)	Original Cost		County Assessed Value	Actual Consideration including Encumbrance Assumed*
			Land	Building		
1			\$	\$	\$	\$
2			\$	\$	\$	\$
3			\$	\$	\$	\$
4			\$	\$	\$	\$

	Actual Monetary Worth (Market Value) at Time of Transfer*	Amount of Delaware Realty Transfer Tax PAID at Acquisition**	Explanation
1	\$	\$	
2	\$	\$	
3	\$	\$	
4	\$	\$	

List all real estate now owned in Delaware that the business will dispose of prior to or at the time of the action for which a clearance is required. If under agreement of disposition, attach copy of executed agreement for each property so affected.  
 \* Complete if applicable. If transfer represents less than a full fee-simple interest in the property, explain on a separate sheet of paper.  
 \*\* If no realty transfer tax was paid, explain on attached sheet or in "Explanation" column above.