



MEALS/OCCUPANCY BUSINESS TAX REGISTRATION

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OFFICE USE ONLY		TYPE OF TAX:	
RCVD:		<input type="checkbox"/> MEALS TAX	<input type="checkbox"/> LODGING TAX
DATE:		IS BUSINESS IN NEW KENT COUNTY FOR AN EVENT ONLY?	
ACCT:		CHECK ONE: YES NO	
BPOL:		COMPLETE THIS SECTION IF THIS APPLICATION IS FOR AN EVENT	
		NAME OF EVENT	
		DATE OF EVENT	REPORT DUE DATE
		LOCATION OF EVENT	

TYPE OF OWNERSHIP:			
<input type="checkbox"/> SOLE PROPRIETOR <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> LLC <input type="checkbox"/> OTHER			
CLASS			
<input type="checkbox"/> RESTAURANT <input type="checkbox"/> CATERER <input type="checkbox"/> CONVENIENCE STORE <input type="checkbox"/> GROCERY			
<input type="checkbox"/> CAMPGROUND <input type="checkbox"/> MOTEL <input type="checkbox"/> HOTEL <input type="checkbox"/> BED & BREAKFAST <input type="checkbox"/> OTHER			
BUSINESS INFORMATION:			
BUSINESS/OWNER NAME: (ENTER NAME AS FILED WITH STATE CORPORATION COMMISSION IF CORP OR LLC)			
FED ID (EIN)	SSN# (SOLE PROPRIETOR OR PARTNERSHIP)	SSN# (SOLE PROPRIETOR OR PARTNERSHIP)	
TRADE NAME:			
MAILING ADDRESS:		CITY	STATE ZIP
PHYSICAL ADDRESS:		CITY	STATE ZIP
MAP	GPIN		
CONTACT NAME		PHONE	
FAX	EMAIL	WEBSITE	
START DATE	SALES TAX REGISTRATION #		
VIRGINIA STATE SALES TAX REGISTRATION #- WHEN REPORTING SALES TAX EACH MONTH TO THE DEPARTMENT OF TAXATION USE NEW KENT COUNTY'S LOCALITY CODE 51127. THIS INFORMATION IS USED TO ALLOCATE LOCAL SALES REVENUE TO THE PHYSICAL LOCATION OF YOUR BUSINESS			

I DECLARE THAT THE FOREGOING STATEMENTS ARE TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE.	
SIGNATURE OF APPLICANT OR AUTHORIZED AGENT	DATE