



MEALS TAX REGISTRATION FORM

Separate Application Required for Each Location

1. LEGAL BUSINESS NAME _____ SSN/FEIN _____

2. TRADE NAME _____

3. MAILING ADDRESS _____

4. TELEPHONE NO. _____ FAX NO. _____ CELL NO. _____

5. PHYSICAL LOCATION OF BUSINESS _____

6. CLASS

RESTAURANT CATERER CONVENIENCE STORE GROGERY OTHER _____

7. TYPE OF OWNERSHIP (INDIVIDUAL/PARTNERSHIP/CORPORATION) _____

8. PERSONS RESPONSIBLE FOR FILING RETURNS:

NAME

TITLE

DATE STARTED OR TO START AT THIS LOCATION _____

The undersigned certifies that this information is true and accurate to the best of his/her knowledge:

SIGNATURE _____

PRINTED NAME _____

TITLE _____

DATE _____

Please mail this form to Commissioner of the Revenue, New Kent County, P.O. Box 99, New Kent, Virginia 23124

Last Revised April 2005