



FREDERICK COUNTY, VIRGINIA

ELLEN E. MURPHY, COMMISSIONER OF THE REVENUE

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CONSUMER TAX (MEALS/LODGING) BUSINESSES SEASONAL BUSINESSS INFORMATION FORM

(Separate Form Needed For Each Location)

NAME OF BUSINESS: _____

BUSINESS LOCATION: _____

OWNER(S): _____

Month	Status	
January	<input type="checkbox"/> Open	<input type="checkbox"/> Closed
February	<input type="checkbox"/> Open	<input type="checkbox"/> Closed
March	<input type="checkbox"/> Open	<input type="checkbox"/> Closed
April	<input type="checkbox"/> Open	<input type="checkbox"/> Closed
May	<input type="checkbox"/> Open	<input type="checkbox"/> Closed
June	<input type="checkbox"/> Open	<input type="checkbox"/> Closed
July	<input type="checkbox"/> Open	<input type="checkbox"/> Closed
August	<input type="checkbox"/> Open	<input type="checkbox"/> Closed
September	<input type="checkbox"/> Open	<input type="checkbox"/> Closed
October	<input type="checkbox"/> Open	<input type="checkbox"/> Closed
November	<input type="checkbox"/> Open	<input type="checkbox"/> Closed
December	<input type="checkbox"/> Open	<input type="checkbox"/> Closed

The owner must sign and date this form. If the business is an entity such as a trust, partnership, limited liability company, or corporation, it must be signed by a member, partner, executive officer, or other person specifically authorized in writing by the trust, partnership, limited liability company, or corporation to sign.

***Declaration:** I hereby declare, under penalty of perjury, that the statements made herein are true, complete, and correct to the best of my knowledge and belief, and that I am the owner or a member, partner, executive officer, or other person specifically authorized in writing to sign.*

SIGNATURE of AUTHORIZED PERSON: _____

PRINT NAME: _____ DATE: _____

TITLE or CAPACITY FOR SIGNING: _____

TELEPHONE NUMBER: _____ EMAIL ADDRESS: _____