



FREDERICK COUNTY, VIRGINIA

ELLEN E. MURPHY, COMMISSIONER OF THE REVENUE

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CONSUMER TAX (MEALS/LODGING) REGISTRATION FORM

(Separate Registration Form Needed For Each Location)

NAME OF BUSINESS: _____

BUSINESS LOCATION: _____

DATE THE BUSINESS BEGAN OPERATION: _____

OWNER(S): _____

MAILING ADDRESS: _____

TELEPHONE NO.: _____ EMAIL ADDRESS: _____

CLASSIFICATION OF OPERATION: _____

(Hotel or other lodging establishments, Restaurant, Cafeteria, Coffee Shop, Club, Convenience or Grocery Store, Deli, Diner, Dining Room, Eatery, Lunch Counter, Snack Bar, or other establishments preparing food)

TYPE OF OWNERSHIP: Individual (Sole Prop.) Partnership LLC Corporation

FEDERAL TAX ID#: _____ SOCIAL SECURITY #: _____

STATE SALES TAX ID#: _____

NAME & ADDRESS OF REGISTERED AGENT (IF A CORPORATION):

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: _____

TITLE or CAPACITY FOR SIGNING: _____

DATE: _____

TELEPHONE NUMBER: _____