



Application for Registration Tax on Transient Lodging

Separate Application Required for Each Location

Legal Business Name: _____ SSN/FEIN: _____

Trade Name: _____

Class

Motel Hotel Other _____

Business Location Address: _____

Mailing Address: _____

Telephone No: _____ Fax No: _____ Cell No: _____

Persons Responsible for Filing Returns:

<u>Name</u>	<u>Title</u>
_____	_____
_____	_____
_____	_____

Date business started or will start at this location: _____

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

Signature: _____ Date: _____

Title: _____

Office hours: 8:30 a.m. – 5 p.m.

Phone # (804) 541-2237

Fax # (804) 541-2207

Please mail this form to:

**Commissioner of the Revenue
PO Box 1604
Hopewell, VA 23860**