



# Application for Registration Tax on Prepared Food and Beverage

*Separate Application Required for Each Location*

Legal Business Name: \_\_\_\_\_ SSN/FEIN: \_\_\_\_\_

Trade Name: \_\_\_\_\_

Class

Restaurant     Caterer     Convenience Store     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**