



# 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 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 \_\_\_\_\_ 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**