



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**