



Lara M. S. Overy  
Commissioner

**COMMISSIONER OF THE REVENUE**  
P.O. Box 245, Williamsburg, Virginia 23187  
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## REGISTRATION FOR TRANSIENT OCCUPANCY TAX

**TYPE OF OWNERSHIP:** \_\_\_ SOLE PROPRIETORSHIP \_\_\_ PARTNERSHIP \_\_\_ CORPORATION \_\_\_ LLC/PLLC/PC

**LEGAL BUSINESS NAME:** \_\_\_\_\_

**DBA/TRADE NAME\*:** \_\_\_\_\_

\*No person shall conduct or transact business in the Commonwealth under any assumed or fictitious name unless such person files in the office of the clerk of the Virginia State Corporation Commission a certificate of assumed or fictitious name. No business application will be accepted by the Commissioner of the Revenue without a copy of the certificate of assumed or fictitious name (ref Code of Virginia §59.1-69 through 76).

**SSN or FED ID #:** \_\_\_\_\_ **STATE SALES/USE TAX #:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

\_\_\_\_\_, \_\_\_\_\_

**LOCATION ADDRESS:** \_\_\_\_\_

\_\_\_\_\_, \_\_\_\_\_

**BUSINESS PHONE:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**OWNER, OFFICERS, OR OTHER RESPONSIBLE PARTY OF PARTNERSHIP/CORPORATION/LLC/etc.**

**NAME:** \_\_\_\_\_ **TITLE:** \_\_\_\_\_

**NAME:** \_\_\_\_\_ **TITLE:** \_\_\_\_\_

**DESCRIPTION OF BUSINESS** (Hotel, inn, hostelry, tourist house, motel, roominghouse, etc.):

\_\_\_\_\_

**BUSINESS START DATE IN CITY OF WILLIAMSBURG:** \_\_\_\_\_

**DECLARATION:** I declare that the information provided hereon are true, full and correct to the best of my knowledge and belief.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PRINTED NAME:** \_\_\_\_\_ **TITLE:** \_\_\_\_\_

**CoR OFFICE USE ONLY**

ISSUE DATE \_\_\_\_\_ ACCOUNT NUMBER \_\_\_\_\_