



Lara M. S. Overy
Commissioner

COMMISSIONER OF THE REVENUE
P.O. Box 245, Williamsburg, Virginia 23187
Phone (757) 220-6150
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REGISTRATION FOR PREPARED FOOD AND BEVERAGE 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 (Restaurant, cafeteria, delicatessen, snack bar, food truck, etc.):

BUSINESS START DATE IN CITY OF WILLIAMSBURG: _____

DECLARATION: I declare that the information provided hereon is 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 _____