



Application for Registration Tax on Prepared Food and Beverages

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:

Name

Title

_____	_____
_____	_____
_____	_____

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 _____

Any person violating or failing to comply with any provision to the Tax on Prepared Food and Beverages Ordinance as provided shall, upon conviction thereof, be guilty of a Class 3 Misdemeanor. Conviction of such violation shall not relieve any person from payment, collection, or remittance of the tax provided by this Ordinance.

Please mail this form to:

Business Tax Auditor
Commissioner of the Revenue
Gerald H. Gwaltney
P.O. Box 107
Isle of Wight, VA 23397

Office hours: 8:30 a.m. – 5 p.m.

Phone No. (757) 365-6222 Fax No. (757) 356-9731