



COUNTY OF ROCKINGHAM

Commissioner of the Revenue

20 E. Gay Street

Harrisonburg, VA 22802

Telephone: 540-564-3064

Fax: 540-564-1488

FOOD AND BEVERAGE TAX REGISTRATION

Federal Identification Number: _____

Virginia Sales Tax Number _____

1. Name of Business _____
(trade name)

2. Owner _____
(name of individual, partnership or corporation that owns the business)

3. Location of Business _____

(physical location, road or street and number, city, state, zip)

4. Class _____
(restaurant, cafeteria, deli, snack bar, drive-in, etc.)

5. Mailing Address _____
(if mailing address is different from 3 above)

6. Telephone Number _____
(enter contact telephone number)

7. Types of Ownership _____
(individual, partnership, corporation)

8. Name of Officials signing if Partnership or Corporation _____

9. Business Tax Contact _____
(name of individual to contact)

10. Date Started, or to
Start at this Location _____

11. Name of Business Succeeded _____

Date _____

(Print Name)

(Authorized Signature)

(Title)