



## 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)