



COMMISSIONER OF REVENUE  
Melissa D. Hockman

## FOOD AND BEVERAGE TAX REGISTRATION

Federal Identification Number: \_\_\_\_\_

Virginia Sales Tax Number: \_\_\_\_\_

Legal Name of Business \_\_\_\_\_

Trade Name of Business \_\_\_\_\_

Types of Ownership

\_\_\_\_\_  
(individual, partnership, corporation, LLC)

Location of Business

\_\_\_\_\_  
\_\_\_\_\_  
(physical location)

Mailing Address \_\_\_\_\_  
(if mailing address is different from above)

Name of Officials signing if Partnership or Corporation or LLC

\_\_\_\_\_

Contact Person \_\_\_\_\_

Contact Number \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Authorized Signature)

\_\_\_\_\_  
(Title)