

OFFICE OF THE COMMISSIONER OF THE REVENUE
55 W. CHURCH STREET, ROOM 101
P.O. BOX 1222
MARTINSVILLE, VIRGINIA 24114-1222

**SHORT TERM RENTAL BUSINESS
APPLICATION FOR
CERTIFICATE OF REGISTRATION**

FOR OFFICE USE
[] Accepted [] Denied
[] Deferred
Classification: _____

Application Date: _____

Applicant _____

Trade Name _____

Business Physical Location _____

Business Telephone _____ Business Fax _____

Mailing Address _____

City _____ State _____ Zip Code _____ e-mail _____

Telephone Number _____ Fed. ID#/SS# _____

State Sales and Use Tax Registration No. _____

- | | |
|--|----------|
| 1. Total gross rental receipts from prior year | \$ _____ |
| 2. Subtract rental receipts which included provisions for personal service for the operation of the personal property rented | _____ |
| 3. Adjusted gross rentals (Line 1 less Line 2) | _____ |
| 4. Gross receipts for items rented 92 consecutive days or less, include extensions and renewals | _____ |

Note: "Daily rental property" means all tangible personal property held for rental and owned by a person engaged in the short-term rental business. A minimum of 80% of the gross rental receipts of the business must be from rentals for a period of 92 days or less in order to be considered a short-term daily rental business.

Under penalties of law, the undersigned certifies that the information provided is true and accurate to the best of his/her knowledge and belief and is taken from the books and records of the business for which this application is filed.

Applicant's Signature

Print Name

Title

Date

Direct all questions and correspondence to:

**Office of the Commissioner of the Revenue
55 W. Church St., Room 101 or P.O. Box 1222
Martinsville, VA 24114-1222
(276) 403-5131**