

RUTH L. EASLEY
COMMISSIONER



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CITY OF MARTINSVILLE
REGISTRATION FORM
FOR TAX COLLECTION ON
PREPARED FOOD AND BEVERAGES

(Please read instructions on second page before completing this form)

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# _____

Applicant's Residence Address _____

City _____ State _____ Zip Code _____ Home Telephone () _____

Indicate Type of Ownership: _____ Individual/LLC _____ Partnership/LLC _____ Corporation/LLC

For Partnerships -- Name and Address of General Partners: _____

For Corporations – Officers of Corporation: _____

Name and Address for Person Responsible for Payment of Tax _____

State of Incorporation _____ Date of Charter of Incorporation _____

Registered Agent _____

Registered Agent's Address _____

City _____ State _____ Zip Code _____ e-mail _____

Registered Agent's Telephone _____ Fax _____

Accountant/Bookkeeper _____ Accountant/Bookkeeper's Telephone _____

Accountant/Bookkeeper's Address _____

City _____ State _____ Zip Code _____ e-mail _____

I authorize the Commissioner of the Revenue or her deputies to discuss my business returns with my preparer. _____ (Please initial)

Seasonal Business: _____ No _____ Yes; If yes, list the months of operation: _____

Business Starting Date: _____

Previous Owner _____

Previous Owner's Address _____

City _____ State _____ Zip Code _____ Telephone _____

Previous Trade Name _____

Previous Business License Number _____

Martinsville/Henry Co. Health Permit No. _____

State Department of Agriculture Permit No. _____

State Sales and Use Tax Registration No. _____

Applicant's Signature

Print Name

Title

Date
