



**CITY OF PETERSBURG, VIRGINIA**  
**BRITTANY C FLOWERS, COMMISSIONER OF THE REVENUE**

144 N Sycamore St  
 PETERSBURG VA 23803



Phone: 804-733-2317  
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**CONSUMER TAX (MEALS/LODGING) REGISTRATION FORM**

(Separate Registration Form Needed for Each Location)

NAME OF BUSINESS: \_\_\_\_\_

BUSINESS LOCATION: \_\_\_\_\_

DATE THE BUSINESS BEGAN OPERATION: \_\_\_\_\_

OWNER(S): \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

TELEPHONE NO.: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

CLASSIFICATION OF OPERATION: \_\_\_\_\_

(Hotel or other lodging establishments, Restaurant, Cafeteria, Coffee Shop, Club, Convenience or Grocery Store, Deli, Diner, Dining Room, Eatery, Lunch Counter, Snack Bar, or other establishments preparing food)

TYPE OF OWNERSHIP:  Individual (Sole Prop.)  Partnership  LLC  Corporation

FEDERAL TAX ID#: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_

STATE SALES TAX ID#: \_\_\_\_\_

NAME & ADDRESS OF REGISTERED AGENT (IF A CORPORATION):

\_\_\_\_\_  
 \_\_\_\_\_

**The owner must sign and date this form. If the business is an entity such as a trust, partnership, limited liability company, or corporation, it must be signed by a member, partner, executive officer, or other person specifically authorized in writing by the trust, partnership, limited liability company, or corporation to sign.**

***Declaration:** I hereby declare, under penalty of perjury, that the statements made herein are true, complete, and correct to the best of my knowledge and belief, and that I am the owner or a member, partner, executive officer, or other person specifically authorized in writing to sign.*

SIGNATURE of AUTHORIZED PERSON: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

TITLE or CAPACITY FOR SIGNING: \_\_\_\_\_

DATE: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_