

**Meal Tax  
Registration #** \_\_\_\_\_

**City of Petersburg  
Meal Tax Registration Form**

**Federal ID#** \_\_\_\_\_

**Name of Business** \_\_\_\_\_

**Owner** \_\_\_\_\_

**Location of Business** \_\_\_\_\_

**Date started at this location** \_\_\_\_\_

**Class** \_\_\_\_\_

**Mailing Address (if different from above)** \_\_\_\_\_

**Telephone Number** \_\_\_\_\_ **Cell** \_\_\_\_\_

**Type of Ownership** \_\_\_\_\_

**Individual-Partnership-Corporation**

**Name of Officials Signing (if Corporation)** \_\_\_\_\_

**Name of Business succeeding** \_\_\_\_\_

**Date** \_\_\_\_\_ **Signature** \_\_\_\_\_

**Title** \_\_\_\_\_