# *Town of Cheriton, Virginia*

21314 South Bayside Road
Post Office Box 188
Cheriton, Virginia 23316

757-331-8200 Office
757-331-1594 Fax
townofcheriton@aol.com

## TRANSIENT OCCUPANCY

## REGISTRATION OF VENDOR

1. TYPE OF ENTITY:

   A. Sole Proprietor (Individuals Full Name)_____

   B. Partnership (Partnership Name) _____

   C. Corporation (Corporation Name) _____

2. TRADING AS NAME: _____

3. DATE BUSINESS OPENED: _____

4. PHYSICAL LOCATION _____

   (BUILDING NUMBER AND STREET)

PHONE:_____ FAX:_____

E-MAIL:_____ MOBILE:_____

5. State Sales and Used Tax Number:_____

6. Mailing Address, (complete only if mailing address is different from physical address):

_____

7. Responsible Officer( s)

_____
Social Security Number

_____
Name

_____
Title

_____
Home Address

_____
City State zip

_____
Home Phone (____)_____

_____
Social Security Number

_____
Name

_____
Title

_____
Home Address

_____
City State zip

_____
Home Phone (____)_____

CONTINUED:

**8. SIGNATURE:**

**IMPORTANT– READ BEFORE SIGNING**

**SECTIONS 58.1-1814 AND 1815 OF CODE OF VIRGINIA PROCIDE CRIMINAL PENALTIES FOR A PERSON WHO WILLFULLY FAILS TO MAKE A RETURN, KEEP RECORDS OR SUPPLY INFORMATION REQUIRED BY LAW FOR THE ADMINSTRATION OF STATE TAXES, OR WHO WILLFULLY FAILS TO COLLECT, ACCOUNT FOR ANDPAY OVER ANY SALES, USE AND WITHOLDING TAXES.**

**AN OFFICER OF THE CORPORATION, OR MEMBER OF THE PARTNERSHIP,WHO IS AUTHORISED TO SIGN ON BEHALF OF THE ORGANIZATION, MUST SIGN THIS REGISTRATION FOR AND RETURNS FOR THE TAXES REGISTERED HEREUNDER. THE PROPRIETOR MUST SIGN FOR A SOLE PROPRIETORSHIP. SIGNATURES OF ACCOUNTANTS, CERTIFIED PUBLIC ACCOUNTANTS, OR PERSONS WHO ARENOT AUTHORIZED TO SIGN ON BEHALF OF THE ORGANIZATION ARE NOT ACCEPTABLE.**

**********

I have read and understand the above statement, and I am authorized to sign the form on behalf of this organization.

**NAME:**_____ **TITLE:**_____

**SIGNATURE:**_____ **DATE:**_____

MAIL FOR TO:

TOWN OF CHERITON

P.O. BOX 188

CHERITON, VA 23316

OR

FAX FORM TO:

TOWN OF CHERITON

757-331-1594

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**OFFICE USE ONLY**

**BUSINESS LICENSE NUMBER:**_____

**DATE PROCESSED:**_____

CONTINUED: