Commissioner of the Revenue
City of Charlottesville
605 E. Main Street, Room A130
P O Box 2964
Charlottesville, VA 22902-2964
434-970-3170

For Office Use Only

MEALS TAX REGISTRATION

Business Legal Name: _____

Trade Name: _____

EIN: _____ SSN: _____

Business Mailing Address: _____

Business Location Address: _____

Type of Ownership (Sole Proprietorship, Partnership, Corporation, LLC, Other): _____

Beginning Date of Business: _____

Name of Business Succeeding: _____

Individual responsible for day-to-day management of business:

_____ _____
Name & Title Contact Information

Individual who will be filing monthly (employee, accountant, third party payers):

_____ _____
Name & Title Contact Information

Business owner (officer / member / partner / sole proprietor) responsible for collection and payment of taxes:

_____ _____
Name & Title Contact Information

_____ _____
Social Security Number Date of Birth

_____
Home Address

I certify that the above information is true and correct to the best of my knowledge and understand the responsibility for the collection and remittance of meals tax.

_____ _____
Signature of Business Owner Listed Above Date

Please notify this office should there be any changes in the individuals listed on this form.

Rev. 7/30/26

Meals Tax - City of Charlottesville

- Pursuant to Chapter 30 – Article X of the Charlottesville City Code -Every business in the City of Charlottesville is required to levy a 7%(Meals Tax) on all prepared edible refreshments, nourishments, and liquids (including alcoholic beverages).

- This is in addition to the 5.3% - Virginia Retail Sales & Use Tax.

- Meals taxes are collected from the **customer** at point of sale and remitted to the city on the 20th of each month.

- **A return must be filed even if there was no sales activity ($0).**

- **Failure to file will result in statutory assessment, administrative summons, and potential legal proceedings to bring the account into compliance.**

Meals Tax Rate – 7%

Filing: Due on the 20th of each month

- Online - www.charlottesville.gov/bizportal
- Paper Return – www.charlottesville.gov/cor -> Forms Index – Meals Tax Return

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PO BOX 2964
Charlottesville, VA 22902

For further information please visit www.charlottesville.gov/cor or contact us at citycorbiz@charlottesville.gov / 434-970-3170

The undersigned acknowledges receipt of this form outlining Meals Tax obligations:

Name: _____ Date: _____