

Town of Cheriton, Virginia

21314 South Bayside Road
Post Office Box 188
Cheriton, Virginia

757-331-8200 Office
757-331-1594 Fax
townofcheri-

Food and Beverage Tax Registration of Seller

1. TYPE OF ENTITY:

A. Sole Proprietor (Individuals Full Name) _____

B. Partnership (Partnership Name) _____

C. Corporation (Corporation Name) _____

2. Trade Name (Trading as Name): _____

3. Physical Location (Street Address) _____

4. Federal ID Number: _____

5. Virginia Sales & Use Number: _____

6. Mailing Address: _____

7. Telephone Number of Business: _____

8. 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 THE CODE OF VIRGINIA PROVIDE CRIMINAL PENALTIES FOR A PERSON WHO WILLFULLY FAILS TO MAKE A RETURN, KEEP RECORDS OR SUPPLY INFORMATION REQUIRED BY LAW FOR THE ADMINISTRATION OF STATE TAXES, OR WILLFULLY FAILS TO COLLECT, ACCOUNT FOR AND PAY OVER ANY SALES, USE AND WITHHOLDING TAXES.

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

NAME (PRINT): _____ TITLE: _____

SIGNATURE: _____ DATE: _____

MAIL FORM TO:

TOWN OF CHERITON

P.O. BOX 188

CHERITON, VA 23316

FAX FORM TO:

TOWN OF CHERITON

OR

757-331-1594

FOR OFFICE USE ONLY:.

DATE PROCESSED: _____

CONTINUED: