



Town of Blacksburg
Meals and Transient Lodging/Homestay Tax Registration

Federal Id # _____ Social Security Number _____

1. Name of Business: _____

2. Owner's Name: _____

3. Location of Business or Homestay address: _____
Street and Number

4. Class: _____
Restaurant, Cafeteria, Delicatessen, Snack bar, Caterer, Hotel, Homestay, etc.

5. Are you a Hosting Platform or Self collecting Homestay? _____

6. Business Mailing Address: _____

7. Home Address of Contact Person: _____

8. Phone: _____ Phone: _____
Business Contact Person (Cell phone)

Email: _____

9. If business is corporation provide copy of Articles of Incorporation; if business is a LLC, provide copy of Article of Organization.

10. Names of Officials signing (if Corp): _____

11. Date Business Began at Above Location: _____

12. Name of person Responsible for Submitting Monthly Tax Information:

13. Address of above (#11): _____

14. Telephone Number of above (#11) including area code: _____

Date

Signature and Title