

**TOWN OF BLACKSBURG
MEALS and TRANSIENT LODGING TAX REGISTRATION**

Federal ID #: _____ Social Security Number _____

1. Name of Business: _____

2. Owner's Name: _____

3. Location of Business: _____
Street and Number

4. Class: _____
Restaurant, Cafeteria, Delicatessen, Snack Bar, Hotel, Etc.

5. Business Mailing Address: _____

6. Home Address of Contact Person : _____

7. Phone: _____ Phone: _____
Business Contact Person-Home

Fax: _____ Email: _____

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

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

10. Date Business Began at Above Location: _____

11. Name of Person Responsible for Submitting Monthly Tax Information:

12. Address of Above (#11): _____

13. Telephone Number of Above (#11) including area code: _____

Date

Signature and Title