

CITY OF WAYNESBORO
COMMISSIONER OF THE REVENUE
503 W MAIN ST – ROOM 107
WAYNESBORO VA 22980-0748
(540) 942-6610

FOOD & BEVERAGE TAX
REGISTRATION FORM

Separate Registration Form Required for each Location.

Virginia Sales Tax Registration Number _____

1. Owner _____

2. Name of Business _____

3. Location of Business _____

4. Mailing Address _____
(When address is different from location of business)

5. Class _____
Restaurant, Cafeteria, Delicatessen, Motel, Hotel, Snack Bar, etc.

6. Phone Number _____ E-Mail Address _____

7. Contact Person _____

8. Type of Ownership _____
Individual – Partnership – Corporation

9. If Corporation, Name of Registered Agent _____

10. Federal ID# / Social Security # _____

11. Opening Date _____

Date

Signature & Title