

**NORTHAMPTON COUNTY  
VIRGINIA  
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 \_\_\_\_\_  
Enter the "Trading-as" name

3. PHYSICAL LOCATION \_\_\_\_\_  
Enter the street address

4. VIRGINIA SALES & USE NUMBER \_\_\_\_\_

5. MAILING ADDRESS \_\_\_\_\_

6. TELEPHONE NUMBER OF BUSINESS \_\_\_\_\_

7. 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

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 who willfully fails to collect, account for and pay over any sales, use and withholding taxes.

An officer 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 this organization.

NAME (PRINT) \_\_\_\_\_ TITLE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

MAIL FORM TO:

CHARLENE P. GRAY  
COMMISSIONER OF THE REVENUE  
P O BOX 65  
EASTVILLE VA 23347

FAX FORM TO:

COMMISSIONER OF THE REVENUE  
757 678-0483

OR

\_\_\_\_\_

FOR OFFICE USE ONLY

NORTHAMPTON COUNTY FOOD & BEVERAGE TAX NUMBER \_\_\_\_\_

DATE PROCESSED \_\_\_\_\_ DEPUTY \_\_\_\_\_