

NORTHAMPTON COUNTY
VIRGINIA
TRANSIENT OCCUPANCY

REGISTRATION OF VENDOR

1. TYPE OF ENTITY:

- A. SOLE PROPRIETOR _____
(INDIVIDUALS FULL NAME)
B. PARTNERSHIP _____
(PARTNERSHIP NAME)
C. CORPORATION _____
(CORPORATION NAME)

2. "TRADING AS" _____

3. DATE BUSINESS OPENED _____

4. PHYSICAL LOCATION _____
(BUILDING NUMBER AND STREET)

PHONE _____ FAX _____

E-mail _____ MOBILE _____

5. STATE SALES AND USE TAX NUMBER _____

6. MAILING ADDRESS, COMPLETE ONLY IF MAILING ADDRESS IS DIFFERENT FROM
PHYSICAL ADDRESS

7. RESPONSIBLE OFFICER (S)

SOCIAL SECURITY NUMBER

SOCIAL SECURITY NUMBER

NAME

NAME

TITLE

TITLE

HOME ADDRESS

HOME ADDRESS

CITY STATE ZIP

CITY STATE ZIP

HOME PHONE () _____

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 member of the partnership, who is authorized to sign on behalf of the organization, must sign this registration form and returns for the taxes registered hereunder. The proprietor must sign for a sole proprietorship. Signatures of accounts, 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:

FAX TO:

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

OR

COMMISSIONER OF THE REVENUE
(757) 678-0483

FOR OFFICE USE ONLY

NORTHAMPTON COUNTY TRANSIENT OCCUPANCY TAX NUMBER _____

DATE PROCESSED _____ DEPUTY _____

TRANSIENT OCCUPANCY
LICENSE REQUEST
GENERAL INFORMATION

1. Is the rental property occupied by the applicant as a single family dwelling? _____
2. What is the expected average length of individual rentals?
Overnight _____
Weekend _____
Weekly _____
Monthly _____
3. Are you going to operate as a "Bed & Breakfast"? _____
4. How many guest rooms are available? _____
5. Will you be offering any meal other than breakfast for an additional charge? _____
6. If applicable, who will be handling the filing of your Transient Occupancy Tax Returns?

Name

Address & Phone Number