

Jo Anne Harris

Commissioner of the Revenue COUNTY OF GLOUCESTER, VIRGINIA

6489 Main Street Suite 137 Gloucester, Virginia 23061

(804) 693-3451 Office (804) 824-2467 Fax

Excise Tax Registration

Check type of Excise Ta	ax: Prepared Food and Beverage	es Transient Lodging
Instructions: Complete thithe Revenue's office in the	s form and return within seven (7) of e enclosed envelope.	days to the Commissioner of
Business Owner's Name:		
Soc. Sec. Or Fed Id#:		
Trade Name:		
Physical Location of Busi	ness:	
Type of Business:		
Mailing Address:		
Telephone Number:		
Гуре of Ownership: ☐ Ir	ndividual Partnership Corpe	oration LLC
If corporation, give office	rs and their titles:	
Name of Bank & Account	Number where business holds taxe	es collected in trust:
Name of Bank	Location of Bank	Account Number
Signature and Title		Date