



# Application for Registration Tax on Transient Occupancy

*Separate Application Required for Each Location*

Legal Business Name \_\_\_\_\_ SSN/FEIN \_\_\_\_\_

Trade Name \_\_\_\_\_

Class

Motel     Hotel     Tourist Home     Campground     Other \_\_\_\_\_

Business Location Address \_\_\_\_\_

Mailing Address \_\_\_\_\_  
(Where Reporting Forms are to be sent)

Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_ Cell No. \_\_\_\_\_

Persons Responsible for Filing Returns:

<u>Name</u>	<u>Title</u>
_____	_____
_____	_____
_____	_____

Date Started or to Start at this Location \_\_\_\_\_

The undersigned certifies that this information is true and accurate to the best of his/her knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_

Any person violating or failing to comply with any provision to the Tax on Transient Occupancy Ordinance as provided shall, upon conviction thereof, be guilty of a Class 3 Misdemeanor. Conviction of such violation shall not relieve any person from payment, collection, or remittance of the tax provided by this Ordinance.

Please mail this form to: Business License Inspector  
Commissioner of Revenue  
P.O. Box 283  
Williamsburg, VA 23187-0283

Office hours: 8 a.m. - 5 p.m.      Phone No. (757) 253-6698      Fax No. (757) 253-6733