

NELSON COUNTY
KIMBERLY TAYLOR GOFF
COMMISSIONER OF THE REVENUE
PO BOX 246, LOVINGSTON, VA 22949
PHONE 434-263-7070 FAX 434-263-7074
Email: kgoff@nelsoncounty.org

MEALS TAX REGISTRATION FORM

Virginia Sales Tax Registration #: _____

Name: _____

Trade Name: _____

Mailing Address: _____

Local Address: _____

(When address is different from mailing address)

Class: _____

(Restaurant, Grocery Store, Snack Bar, Convenience Store, Etc.)

Email: _____

Telephone Number: _____

Date Business Began in County: _____

Date: _____ Signature: _____

IMPORTANT: Name and telephone number of accountant or person responsible for reporting tax if other than above.