



Registration for Transient Occupancy Tax

Number of Rooms: _____

Filing is monthly and due by the 20th of the month
following the collection period

Federal Identification Number: _____

1. Name of Business: _____

2. Trade Name/ DBA: _____

3. Owner: _____

4. Type of Business: _____

5. Location of Business: _____

6. Mailing Address: _____

7. Telephone Number: _____

8. Name of Officials Signing if Corporation: _____

9. Type of Ownership: _____

10. Date Business Started (this location): _____

11. Name of Business Succeeding: _____

12. Name, social security number, address, phone number and email address of person or firm responsible for submitting quarterly/monthly meals tax information:

Name: _____

Title: _____

Social Security Number: _____

Address: _____

Phone Number: _____

Email Address: _____

Signature: _____ Date: _____

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