



## Registration for Meals and Beverage Tax

Filing and payment is required monthly and is due by the 20th of the following month.

Federal Identification Number: \_\_\_\_\_

1. Name of Business: \_\_\_\_\_

2. Trade Name/ DBA: \_\_\_\_\_

3. Owner: \_\_\_\_\_

4. Class: Restaurant      Cafeteria      Deli      Snack Bar      Drive-In      Vending Machines

Other: \_\_\_\_\_

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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