



CULPEPER COUNTY COMMISSIONER OF THE REVENUE

TERRY L. YOWELL, MCR
PO BOX 1807
151 N MAIN ST, SUITE 201
CULPEPER VA 22701
PHONE: (540) 727-3443 FAX: (540) 727-3472

TRANSIENT OCCUPANCY TAX REGISTRATION

Federal ID # _____ VA Sales Tax # _____

1. Business Name: _____
2. Owner(s): _____
3. Location Street Address: _____
4. Class: _____
(Hotel, Motel, Rooming House, Campground, Bed & Breakfast, etc.)
5. Mailing Address: _____
6. Telephone Number: _____
7. E-Mail: _____
8. Type of Ownership: _____
(Individual-Partnership-Corporation)
9. Name of Person Responsible For Annual Remittance: _____
10. Date Business Began in Culpeper County: _____

Pursuant to Code of Virginia §58.1-11, any such person who willfully subscribes any such return which he/she does not believe to be true and correct as to every material matter shall be guilty of a Class I misdemeanor.

DECLARATION BY TAXPAYER: I declare that the foregoing statements are true, full and correct to the best of my knowledge and belief.

_____ SIGNATURE	_____ TITLE
_____ OWNER	_____ DATE

NOTE: Registration form must be returned within thirty days of date business began as reported above.

Mail to: Commissioner of the Revenue
PO Box 1807
Culpeper VA 22701