



County of Henrico, Virginia

Application for Certificate of Registration

Food and Beverage Tax

Department of Finance
Business Section
PO BOX 90775
Henrico VA 23273-0775

ACCOUNT NUMBER

Separate Application Required for Each Location	
OWNER'S NAME	Corporation Name or First Name, Middle Initial, and Last Name
TRADE NAME	
MAILING ADDRESS	Number/Street or Route/Apt/Room
CITY STATE/ZIP	
LOCATION ADDRESS	Number/Street or Route/Apt/Room
TYPE OF ESTABLISHMENT	OTHER INFORMATION
(Please <input checked="" type="checkbox"/> box which is most appropriate.)	Type of Food You Sell
01 <input type="checkbox"/> Bakery	Average Cost of Meal for Two (including beverages and dessert) <input checked="" type="checkbox"/> Applicable Response
02 <input type="checkbox"/> Caterer	Under \$25 <input type="checkbox"/> \$25-\$50 <input type="checkbox"/> \$50+ <input type="checkbox"/>
03 <input type="checkbox"/> Coffee Shop	Days and Hours of Operation
04 <input type="checkbox"/> Convenience Store	Seating Capacity
05 <input type="checkbox"/> Fast Food Restaurant	Square Footage
06 <input type="checkbox"/> Full Service Restaurant	ABC License Number (if applicable)
07 <input type="checkbox"/> Gas Station	VA Sales and Use Number
08 <input type="checkbox"/> Grocery Store	Seasonal Business - Check months you are active. (<input checked="" type="checkbox"/>)
09 <input type="checkbox"/> Hospital or Nursing Home	(Complete if you are only open part of the year)
10 <input type="checkbox"/> Industrial Cafeteria	JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC
11 <input type="checkbox"/> Mobile Food Service	
12 <input type="checkbox"/> Night Club or Tavern	Office Use Only
13 <input type="checkbox"/> Office or Government Cafeteria	
14 <input type="checkbox"/> Private or Public Club	
15 <input type="checkbox"/> School, College, or University	
16 <input type="checkbox"/> Snack Bar or Concession Stand	
99 <input type="checkbox"/> Other (Please describe)	

Please provide contact data for a person who has knowledge of your food and beverage tax return information and has permission to discuss that information.

Name _____ Phone Number _____

Title _____ Fax Number _____

Location of Records _____ E-Mail _____

DECLARATION OF TAXPAYER - I declare that the foregoing and figures are true, full, and correct to the best of my knowledge and belief.

Signature/Title _____ Date _____ Name _____ (Please Print)

For Assistance, please call (804) 501-4310 or (804) 501-5733