



**Stacey C. Fletcher**  
**Commissioner of the Revenue**  
**County of Louisa**

1 Woolfolk Avenue, Ste. 203  
Louisa, VA 23093  
(540) 967-3432

**Food & Beverage (Meals) Tax**  
**Registration Form**

(Separate application required for each location)

Name of Business \_\_\_\_\_

Owner of Business \_\_\_\_\_

Federal ID Number \_\_\_\_\_

Business Location \_\_\_\_\_

Street Address

City

State

Zip Code

Mailing Address (if different from Business Location) \_\_\_\_\_

Mailing Address

City

State

Zip Code

Email Address: \_\_\_\_\_

Type of Ownership (Please check one)

Individual

Partnership

Corporation

Name of Official Signing \_\_\_\_\_

Date started (or date to start) at this location \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_

Date \_\_\_\_\_ Daytime Phone Number \_\_\_\_\_

Return to the Commissioner of the Revenue at the above address