

Instructions for Meal Tax Registration Form

1. Download and print these instructions and the Registration Form.
2. Fill out the form completely.
3. Submit the form to: Norfolk Commissioner of the Revenue
Business Tax Team

In Person
City Hall Building
East Wing
810 Union Street
Norfolk, Virginia

By Mail
PO Box 2260
Norfolk, VA 23501-2260

By Fax
Number: (757) 441-1346

Explanation of Terms:

Applicant Name – This is the proper legal name of the individual, partnership, or corporation requesting registration.

Trading-As Name – This is the legal name of the business as filed with the Norfolk Clerk of Circuit Court.

Start Date of Business – This is the date that the business will begin operation.

Business Type – This is the kind of ownership of the business. Is the business owned by an individual, a partnership, or a corporation?

Telephone Number – This is the telephone number of the business location.

Business Location Address – This is the physical address of the business as shown on the Zoning Department Approval. Post office boxes are not acceptable.

Mailing Address – This is the mailing address of the entity reporting and remitting the tax. This may be the owner, an accounting firm, or other agent.

Applicant's Signature – This form must be signed by the applicant or authorized agent of the partnership or corporation.

Applicant's Title – This is the title of the applicant or authorized agent of the partnership or corporation.

New Businesses:

You may streamline your Business License application process by including this form in your application packet.

Questions?

If you have any questions about Business License Requirements in the City of Norfolk, please contact the Commissioner of the Revenue Business Tax Team. Our number is (757) 664-7886.

Meal Tax Registration

To: **Sharon M. McDonald, Commissioner of the Revenue, Norfolk Virginia**

I hereby register for Food & Beverage Tax for the following Business:

Applicant Name: _____

Trading-As Name: _____

Start Date Of Business: _____

Business Type: Individual Partnership Corporation

Telephone Number: (_____) _____

Business Location Address:

Street Address: _____

City & State: _____ Zip Code _____

Mailing Address:

Care-Of Address:

Street Address: _____

City & State: _____ Zip Code _____

Applicant's Signature: _____ **Date** _____

Applicant's Title: _____

Account Number: _____ Clerk/Date _____