



C. EVANS POSTON, JR.
 COMMISSIONER OF THE REVENUE
 P.O. BOX 2260 NORFOLK, VIRGINIA 23501-2260



Meal Tax Registration

Applicant Name _____

Trading As Name _____

Start Date of Business _____

Federal Tax ID/ Social Security No. _____

Business Type Individual Partnership Corporation

Telephone Number _____ **E-Mail** _____

Business Location

Street Address _____

City _____ State _____ Zip Code _____

Mailing Address

C/O _____

Street Address _____

City _____ State _____ Zip Code _____

Applicant Title _____

Applicant Signature _____ **Date** _____

Office Use Only

Business Account No. _____	Date Received _____
Deputy Commissioner of the Revenue _____	Date _____