

53 East Colonial Highway
 Hamilton, VA 20158-9010
 or
 PO Box 130
 Hamilton, VA 20159-0130



Lori M. Jones, CPA
 Treasurer
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 Office Hours: 8:00am - 4:30pm

Meals Tax Registration

Town of Hamilton

Owner & Business Information

Owner's Name - if a Corp, S Corp, LLC, Etc., then please give the name as filed with the State Corporation Commission				
Mailing Address: PO Box/Street		City	State	Zip+4
Identification Numbers: SSN		SSN	Federal ID	
Trade Name			Hamilton BPOL#	
Physical Address: Street				
Contract: Owner's Phone	Business Phone		Email Address	

Type of Business

<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other _____				
Virginia Corporation - Date of Charter / /		Foreign Corporation, Date of Qualification / /		
Registered Agent				
Mailing Address: PO Box/Street		City	State	Zip+4

Description of Business VA State Sales Tax Registration

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Signature

I declare that the foregoing statement and figures are true, full, and correct to the best of my knowledge and belief.

 Signature of Applicant Date

or

 Authorized Agent Date

For Office Use Only

Meals Tax Account # _____	Date Received _____
Ordinance/Forms Mailed? <input type="checkbox"/> Yes	