



**TOWN OF APPOMATTOX
P. O. BOX 705
APPOMATTOX, VA 24522**

MEALS TAX REGISTRATION

1 Name of Business _____

2 Owner _____

3 Business Address _____

4 Mailing Address _____

5 Telephone Number _____ FEIN/SS# _____

6 Class _____
Restaurant, Cafeteria, Delicatessen, Snack Bar, Drive-In, Etc.

7 Type of Ownership _____
Individual – Partnership – Corporation

8 If Corporation – name (s)
of signing official (s) _____

9 Date started or start
date at this location _____

10 Name of business
succeeding _____

Date _____ By _____

Printed Name _____