

MEALS TAX REGISTRATION



**OFFICE OF THE TREASURER
TOWN OF KILMARNOCK
PO BOX 1357
KILMARNOCK, VA. 22482-1357
804-435-1552
www.kilmarnockva.com**

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 _____