



**FOOD/LODGING TAX REGISTRATION FORM**

Ordinance No. 1991-76

This application is being submitted for Admission Tax for the following: > **Meal** > **Lodging**:

**Applicant Name:** \_\_\_\_\_

**Trading-As Name:** \_\_\_\_\_

**Start Date of Business:** \_\_\_\_\_

**Business Type:** \_\_\_\_\_

**Telephone Number:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **Fax Number:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Business Location Address:** \_\_\_\_\_

City & State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Person responsible for reporting and remitting Food/Lodging Tax:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

**Mailing Address:**

Street Address: \_\_\_\_\_

City & State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**I, the undersigned, do hereby swear (or affirm) that the information supplied herein is true and complete, to the best of my knowledge and belief.**

\_\_\_\_\_  
**Signature of Responsible Applicant**

City/County of \_\_\_\_\_

State of \_\_\_\_\_

Acknowledge and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
**Notary Public**

**My Commission Expires:** \_\_\_\_\_

**Franklin D. Edmondson · Commissioner of the Revenue  
City of Portsmouth**

**801 Crawford Street · Portsmouth, VA 23704-3870 · (757) 393-8771 · Fax: (757) 393-8604**