



James M Gillie
COMMISSIONER

City of Danville

OFFICE OF
COMMISSIONER OF THE REVENUE



311 MEMORIAL DRIVE
PO BOX 480
DANVILLE, VIRGINIA 24543
(434) 799-5145
(434) 799-5148 Fax

REGISTRATION FOR MEALS TAX ORDINANCE NO. 086-16.18

FEDERAL ID# or SS# _____

TRADE NAME
Of BUSINESS _____

OWNER _____

LOCATION of BUSINESS _____
STREET AND NUMBER

CLASS _____
RESTAURANT, CAFETERIA, DELICATESSEN, SNACK BAR, ETC

MAILING
ADDRESS _____

PHONE NUMBER _____

EMAIL ADDRESS _____

TYPE of OWNERSHIP _____
INDIVIDUAL-PARTNERSHIP-CORPORATION

CORPORATION
NAME of OFFICIALS _____

DATE STARTED
AT THIS LOCATION _____

NAME of BUSINESS SUCCEEDING _____

SIGNATURE _____ DATE _____

TITLE _____

PLEASE MAIL THIS FORM WITH YOUR FIRST MEALS TAX RETURN

To:

Lisa W Ford / Meals Tax Inspector
Email Address: fordlw@danvilleva.gov