



Commissioner of the Revenue
Charlottesville, Virginia

For Office Use Only

Meals Tax Registration Form

Business Legal Name: _____

Trade Name: _____

EIN: _____ SSN: _____

Business Mailing Address: _____

Business Location Address: _____

Type of Ownership (Sole Proprietorship, Partnership, Corporation, LLC, Other): _____

Beginning Date of Business: _____

Name of Business Succeeding: _____

Individual responsible for day-to-day management of business:

Name & Title

Contact Information

Individual who will be filing monthly (employee, accountant, third party payers):

Name & Title

Contact Information

Business owner (officer / member / partner / sole proprietor) responsible for collection and payment of taxes:

Name & Title

Contact Information

Social Security Number

Date of Birth

Home Address

I certify that the above information is true and correct to the best of my knowledge and understand the responsibility for the collection and remittance of meals tax.

Signature of Business Owner Listed Above

Date

Please notify this office should there be any changes in the individuals listed on this form.

Rev. 7/24/24

Meals Tax

- Pursuant to Chapter 30, Article X of the Charlottesville City Code, every restaurant (as defined in City Code Sec. 30-282) offering prepared food and beverages (as defined in City Code Sec. 30-282) shall impose a 7% tax on the total amount paid for the meal.
- New businesses are to complete the *Meals Tax Registration* on the reverse of this page and send it to the Commissioner of Revenue's Office at:

Charlottesville Commissioner of the Revenue
PO Box 2964
Charlottesville, VA 22902

- The tax is remitted monthly with a *Meals Tax Return* form (found at www.charlottesville.org/COR) on or before the 20th of the following month.
- For further information regarding Meals Tax, please call 434-970-3170