



Shirley Y. Hammock  
COMMISSIONER

# Pittsylvania County

OFFICE OF  
COMMISSIONER OF THE REVENUE



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## REGISTRATION FOR MEALS TAX

FEDERAL ID# OR SS# \_\_\_\_\_

TRADE NAME OF BUSINESS: \_\_\_\_\_

OWNER: \_\_\_\_\_

LOCATION OF BUSINESS: \_\_\_\_\_  
*STREET & 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.**

Shirley Y. Hammock Commissioner of the Revenue  
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