



City of Williamsburg Finance Department

401 Lafayette Street
Williamsburg, VA 23188
Phone (757) 220-6180
www.williamsburgva.gov

**REGISTRATION FOR
TRANSIENT OCCUPANCY TAX**

TYPE OF OWNERSHIP: ___ SOLE PROPRIETORSHIP ___ PARTNERSHIP ___ CORPORATION ___ LLC/PLLC/PC

LEGAL BUSINESS NAME: _____

DBA/TRADE NAME*: _____

*No person shall conduct or transact business in the Commonwealth under any assumed or fictitious name unless such person files in the office of the clerk of the Virginia State Corporation Commission a certificate of assumed or fictitious name. No business application will be accepted by the Commissioner of the Revenue without a copy of the certificate of assumed or fictitious name (ref Code of Virginia §59.1-69 through 76).

SSN or FED ID #: _____ **STATE SALES/USE TAX #:** _____

MAILING ADDRESS: _____

_____, _____

LOCATION ADDRESS: _____

_____, _____

BUSINESS PHONE: _____ **EMAIL:** _____

OWNER, OFFICERS, OR OTHER RESPONSIBLE PARTY OF PARTNERSHIP/CORPORATION/LLC/etc.

NAME: _____ **TITLE:** _____

NAME: _____ **TITLE:** _____

DESCRIPTION OF BUSINESS (Hotel, inn, hostelry, tourist house, motel, roominghouse, etc.):

BUSINESS START DATE IN CITY OF WILLIAMSBURG: _____

DECLARATION: I declare that the information provided hereon are true, full and correct to the best of my knowledge and belief.

SIGNATURE: _____ **DATE:** _____

PRINTED NAME: _____ **TITLE:** _____

FINANCE DEPARTMENT USE ONLY

ISSUE DATE _____ ACCOUNT NUMBER _____