

# Town of Cheriton, Virginia

21314 South Bayside Road  
Post Office Box 188  
Cheriton, Virginia 23316

757-331-8200 Office  
757-331-1594 Fax  
townofcheriton@aol.com

## TRANSIENT OCCUPANCY REGISTRATION OF VENDOR

1. TYPE OF ENTITY:

- A. Sole Proprietor (Individuals Full Name) \_\_\_\_\_
- B. Partnership (Partnership Name) \_\_\_\_\_
- C. Corporation (Corporation Name) \_\_\_\_\_

2. TRADING AS NAME: \_\_\_\_\_

3. DATE BUSINESS OPENED: \_\_\_\_\_

4. PHYSICAL LOCATION \_\_\_\_\_

(BUILDING NUMBER AND STREET)

PHONE: \_\_\_\_\_

FAX: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

MOBILE: \_\_\_\_\_

5. State Sales and Used Tax Number: \_\_\_\_\_

6. Mailing Address, (complete only if mailing address is different from physical address):  
\_\_\_\_\_

7. Responsible Officer( s)

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
City                      State                      zip

\_\_\_\_\_  
Home Phone (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
City                      State                      zip

\_\_\_\_\_  
Home Phone (\_\_\_\_) \_\_\_\_\_

**8. SIGNATURE:**

**IMPORTANT- READ BEFORE SIGNING**

SECTIONS 58.1-1814 AND 1815 OF CODE OF VIRGINIA PROCIDE CRIMINAL PENALTIES FOR A PERSON WHO WILLFULLY FAILS TO MAKE A RETURN, KEEP RECORDS OR SUPPLY INFORMATION REQUIRED BY LAW FOR THE ADMINSTRATION OF STATE TAXES, OR WHO WILLFULLY FAILS TO COLLECT, ACCOUNT FOR ANDPAY OVER ANY SALES, USE AND WITHOLDING TAXES.

AN OFFICER OF THE CORPORATION, OR MEMBER OF THE PARTNERSHIP,WHO IS AUTHORISED TO SIGN ON BEHALF OF THE ORGANIZATION, MUST SIGN THIS REGISTRATION FOR AND RETURNS FOR THE TAXES REG- ISTERED HEREUNDER. THE PROPRIETOR MUST SIGN FOR A SOLE PROPRIETORSHIP. SIGNATURES OF AC- COUNTANTS, CERTIFIED PUBLIC ACCOUNTANTS, OR PERSONS WHO ARENOT AUTHORIZED TO SIGN ON BEHALF OF THE ORGANIZATION ARE NOT ACCEPTABLE.

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I have read and understand the above statement, and I am authorized to sign the form on behalf of this or- ganization.

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

MAIL FOR TO:

TOWN OF CHERITON

P.O. BOX 188

CHERITON, VA 23316

FAX FORM TO:

TOWN OF CHERITON

757-331-1594

OR

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**OFFICE USE ONLY**

**BUSINESS LICENSE NUMBER:** \_\_\_\_\_

**DATE PROCESSED:** \_\_\_\_\_

CONTINUED: