

# Transient Occupancy "Lodging" Tax

## Registration Form

*(To be completed and returned within 10 days to the Commissioner of the Revenue,  
Sherry T. Sours, P. O. Box 1775, Front Royal, VA 22630-0038)*

**Federal Identification Number and/or  
Social Security Number:** \_\_\_\_\_

**Beginning Business Date:** \_\_\_\_\_  
*{In Warren County}*

**Name:** \_\_\_\_\_

**Trade Name:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Mailing Address:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Tax Map No:** \_\_\_\_\_

**Physical Location of Business:**  
\_\_\_\_\_  
\_\_\_\_\_

**Registration form may be faxed to 540-636-8280**