



**Montgomery County**  
**Commissioner of the Revenue**  
 Brenda H. Winkle, Commissioner of the Revenue  
 755 Roanoke St, Suite 1A Christiansburg, VA 24073

businesspp@montgomerycountyva.gov

**BUSINESS FORM**

**Check the appropriate box**

Business Registration-section A & B     
  Business Info Update-section A & C     
  Business Closing-section A & D

**SECTION A - Business Information (this section must be filled out completely)**

Owner's Name: (if a corp, S Corp, LLC, etc., then please enter the name as filed with the State Corporation Commission.)

Legal Business Name:		Trading As Name:	
Mailing Address:		Montgomery County Physical Address:	
SSN/FEIN:	Customer No: (if known)	PID No: (if known)	
Email:	Owner's Phone:	Business Phone:	Fax:

**SECTION B - Business Registration**

Sole Proprietor   
  Partnership   
  Corporation   
  LLC   
  Other

**Type of Tax: (check all that apply)**   
 Business Tangible Property   
 Meals Tax (Food & Beverage Tax)   
 Transient Occupancy Tax (Lodging Tax)

Start Date: \_\_\_\_\_ Website: \_\_\_\_\_

Description of Business: (list detailed information about the business operations or attach a separate sheet if necessary.)

*\*Virginia Sales Tax Registration # - When reporting sales tax each month to the Department of Taxation, please use Montgomery County's locality CODE 51121. This information is used to allocate local sales revenue to Montgomery County in which your business is physically located.*

**SECTION C - Business Info Update**

New Legal Business Name:		New Trading As Name:	
New Phone Number:	New Fax Number:	New Email Address:	
New Mailing Address:	New City, State, Zip	Date of Change:	
New Physical Street Address:	New City, State, Zip	Date of Move:	

**SECTION D - Business Closing**

Closing Date / Date Closed:	Was this business sold?	Yes	No	Were the assets sold?	Yes	No
If the assets were sold along with the business, the new owner will need to know the original purchase prices. Do you give permission to share your most recent asset list with the new owner?					Yes	No
If you answered YES to the above question please sign here for authorization:				Signature		
Mailing Address for Final Tax Bill:						
New Owner Name:		New Owner Address:				
New Owner Email:				New Owner Phone:		

**Declaration:** I hereby declare, under penalty of perjury, that the statements made herein are true, complete and correct to the best of my knowledge and belief and that I am the owner or a member, partner, executive officer or other person specifically authorized in writing to sign.

Signature of Applicant or Authorized Agent	Date
Printed name of Applicant or Authorized Agent	Title