



Darlene M. Rowsey
Commissioner of the Revenue

Office of the Commissioner of the Revenue
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Lodging Tax Registration Form

Applicant Information:

Name of Business
Name of Owner
Mailing Address
City, State, Zip

Business Information:

Type of Business (Hotel, Motel, Campgrounds, Bed & Breakfast, or Airbnb)	
Type of Ownership (Sole Proprietor, Partnership, Limited Liability Corporation, or Incorporated)	
Business Location (Street Address)	
Phone #	Fax #
Email Address	
Federal ID #	
Business Start Date/Move In Date	

Affidavit: I hereby certify that the information provided in this official document is true and correct.

Print Name

Title

Signature

Date

Remit this certification form to the Commissioner of the Revenue's Office. If you have any questions, please contact us at (804) 722-8740.

Office Use Only: BPOL # _____
