



**MARGARET S. TORRENCE**

Commissioner of Revenue  
Franklin County  
1255 Franklin Street, Suite 102  
Rocky Mount, Virginia 24151  
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**APPLICATION FOR SPECIAL EVENT PREPARED FOOD & BEVERAGE TAX**

APPLICANT:

Entity Type: Corporation  LLC  Sole Proprietorship  Partnership

Business Owner Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Trading As Name: \_\_\_\_\_

Federal ID #: \_\_\_\_\_ SS# \_\_\_\_\_

Virginia State Sales Tax #: \_\_\_\_\_

If a corporation,

Registered Agent Name: \_\_\_\_\_

Registered Agent Address: \_\_\_\_\_

BUSINESS/PHYSICAL ADDRESS:

\_\_\_\_\_  
\_\_\_\_\_

MAILING ADDRESS:

If same as above, check here

\_\_\_\_\_  
\_\_\_\_\_

CONTACT INFORMATION:

HOME PHONE: \_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ BUSINESS FAX: \_\_\_\_\_

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

WEBSITE: \_\_\_\_\_

EVENT INFORMATION:

NAME: \_\_\_\_\_ DATE(S): \_\_\_\_\_

LOCATION: \_\_\_\_\_

ESTIMATED GROSS RECEIPTS TO DECEMBER 31: \_\_\_\_\_

Caterer  Food Truck/Food Event Vendor  Restaurant  Other  List: \_\_\_\_\_

DESCRIPTION OF BUSINESS ACTIVITY:

(Work performed, services provided, products sold, peddler, amusement machines, itinerant merchant)

\_\_\_\_\_  
\_\_\_\_\_

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

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