**APPLICATION FOR REGISTRATION**
**TRANSIENT OCCUPANCY TAX**
**COUNTY OF PULASKI, VIRGINIA**

Separate application required for each location

1. NAME OF BUSINESS _____

2. OWNER _____

3. FEDERAL IDENTIFICATION NUMBER
   OR SOCIAL SECURITY NUMBER _____

4. BUSINESS LOCATION _____
   Street Address

   _____
   City/State Zip Code

5. TELEPHONE NUMBER _____

6. LOCATION OF RECORDS (IF DIFFERENT FROM LINE #4) _____

   _____

7. TELEPHONE NUMBER _____

8. MAILING ADDRESS (IF DIFFERENT FROM LINE #4) _____
   Street Address

   _____ _____
   City,State,Zip Code

9. TYPE OF OWNERSHIP (PLEASE CHECK ONE)

   ___ INDIVIDUAL ___ PARTNERSHIP ___ CORPORATION

10. NAME AND TITLE OF OFFICIAL SIGNING
    (IF CORPORATION) _____

11. DATE STARTED, OR DATE TO
    START AT THIS LOCATION_____

12. NAME OF BUSINESS SUCCEEDING
    (IF APPLICABLE) _____

SIGNATURE _____

DATE _____ TITLE _____

Any person violating or failing to comply with any provision of the tax on Transient Occupancy ordinance as provided shall upon conviction thereof, be guilty of a CLASS 3 misdemeanor, conviction of such violation shall not relieve any person from PAYMENT, COLLECTION OR REMITTANCE of the tax provided by this ordinance.