



County of Page Virginia, Business License Request Form
Commissioner of the Revenue, 103 S. Court Street, Suite C., Luray VA 22835
(540)743-3840 ~ FAX: (540)743-1263

**Mobile Food Unit Registration
Check List**

After you have completed the Registration and Consumer Tax Form, review this check list to verify you have all documents needed to register your Mobile Food Unit. Return all documents listed on the check list to the Business License Department in the Page County Commissioner of the Revenue Office.

COPY OF ORIGINAL CERTIFICATE FOR DOCUMENTS LISTED BELOW ARE REQUIRED

Customer Check List:

- Identification (Photo Identification of all Parties)
- Mobile Food Unit Registration Form
- Mobile Food Unit Consumer Tax Registration Form
- Copy of Business License Certificate from the Locality the Mobile Unit is Licensed

NOTE: License will not be issued until a copy of all documents listed above are provided to the Commissioner of the Revenue Office.



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**Mobile Food Unit Consumer Tax
(Food & Beverage Tax)
Registration Form**

Page County Food & Beverage Tax Rate: 4%

PLEASE FILL OUT THE FOLLOWING FORM:

1. Date: _____
2. Account Number: _____ (assigned by Commissioner of the Revenue's Office)
3. Federal EIN/SSN: _____
4. Virginia State Sales Tax ID: _____
5. Name of Business: _____
6. Date the Business began Operation: _____
7. Legal Name 1: _____
(Last) (First) (MI)
- Legal Name 2: _____
(Last) (First) (MI)
8. Home Phone: _____ Cell Phone: _____
9. Business Phone: _____ Fax Number: _____
10. Email Address: _____ Website: _____
11. Mailing Address: _____
12. What locality do you have a Business License: _____

The owner must sign and date this form. If the business is an entity such as a trust, partnership, limited liability company, or corporation, it must be signed by a member, partner, executive officer, or other person specifically authorized in writing by the trust, partnership, limited liability company, or corporation to sign.

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

SIGNATURE of AUTHORIZED PERSON: _____

PRINT NAME: _____

TITLE or CAPACITY FOR SIGNING: _____

DATE: _____

PHONE NUMBER: _____