

Instructions for Admission Tax Registration Form

1. Download and print these instructions and the Registration Form.
2. Fill out the form completely.
3. Submit the form to: Norfolk Commissioner of the Revenue
Business Tax Team

In Person
City Hall Building
East Wing
810 Union Street
Norfolk, Virginia

By Mail
PO Box 2260
Norfolk, VA 23501-2260

By Fax
Number: (757) 441-1346

Explanation of Terms:

Business or Event – Check the box which applies to your service. Is this an on-going business, or is this a single event?

Applicant Name – This is the proper legal name of the individual, partnership, or corporation requesting registration.

Trading-As Name – This is the legal name of the business as filed with the Norfolk Clerk of Circuit Court.

Event Date(s) or Start Date of Business – This is the start and end date of the event or the date that the business will begin operation.

Business or Entertainment Type – This is the kind of business. Is the business a movie theater, a concert, sporting event, etc.?

Telephone Number – This is the telephone number of the business location.

Business/Event Location Address – This is the physical address of the business or event. Post office boxes are not acceptable.

Mailing Address – This is the mailing address of the entity reporting and remitting the tax. This may be the owner, an accounting firm, or other agent.

Applicant's Signature – This form must be signed by the applicant or authorized agent of the partnership or corporation.

Applicant's Title – This is the title of the applicant or authorized agent of the partnership or corporation.

New Businesses:

You may streamline your Business License application process by including this form in your application packet.

Questions?

If you have any questions about Business License Requirements in the City of Norfolk, please contact the Commissioner of the Revenue Business Tax Team. Our number is (757) 441-2270.

Admission Tax Registration

To: **C. Evans Poston, Jr., Commissioner of the Revenue, Norfolk Virginia**

I hereby register for admission tax for the following **Business** **Event**:

Applicant Name: _____

Trading-As Name: _____

Social Security # or Federal Tax ID #: _____

Event Date(s) or Start Date Of Business: _____

Business or Entertainment Type: _____

Telephone Number: (_____) _____

Business/Event Location Address:

Street Address: _____

City & State: _____ Zip Code _____

Mailing Address:

Care-Of Address: _____

Street Address: _____

City & State: _____ Zip Code _____

Applicant's Signature: _____ **Date** _____

Applicant's Title: _____

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Account Number: _____

Clerk/Date _____