



Joseph E. Taylor  
Commissioner

# Mecklenburg County, Virginia

Office of  
Commissioner of the Revenue  
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## BUSINESS REGISTRATION FORM

Date: \_\_\_\_\_

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

SSN/FedID#: \_\_\_\_\_

Owners Name: \_\_\_\_\_

Phone Number \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Location Address: (If different than mailing) \_\_\_\_\_

City State Zip Code

City State Zip Code

Type of Business: \_\_\_\_\_

Date Business Opened: \_\_\_\_\_

If the business or owner of the business holds a license for any of the following, please fill in the license number and expiration date below:

ABC Lic. #: \_\_\_\_\_

Exp. Date: \_\_\_\_\_

Dept. Sewer Handling  
Service Lic. #: \_\_\_\_\_

Exp. Date: \_\_\_\_\_

Contractor Lic. #: \_\_\_\_\_

Exp. Date: \_\_\_\_\_

Town Business Lic. #: \_\_\_\_\_

Exp. Date: \_\_\_\_\_

Signature: \_\_\_\_\_

\*\*\*\*\*Office Use\*\*\*\*\*

Acct# \_\_\_\_\_

TWN/DIST \_\_\_\_\_

PRN \_\_\_\_\_