

**BUSINESS LICENSE  
COUNTY OF NELSON**

**COMMISSIONER OF REVENUE**

P.O. Box 246 – Lovingston, VA 22949  
Phone: 434-263-7070 – Fax: 434-263-7074

DATE \_\_\_\_\_

NAME \_\_\_\_\_

TRADING AS \_\_\_\_\_

MAILING \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_ INDIVIDUAL \_\_\_ PARTNERSHIP \_\_\_ CORPORATION \_\_\_ LLC

\_\_\_ NEW \_\_\_ RENEW

\_\_\_ RETAIL BUSINESS

\_\_\_ PROFESSIONAL

\_\_\_ OTHER

\_\_\_ CONTRACTOR

LICENSE TAX PAID

\$ \_\_\_\_\_

NATURE OF BUSINESS	BASE	TAX	PENALTY	TOTAL TAX
<p>_____</p> <p>_____</p> <p>_____</p> <p>I hereby certify that the information given is true and correct to the best of my knowledge</p> <p>★ _____ SIGNATURE OF APPLICANT</p> <p><b>PLEASE RETURN BOTH COPIES</b></p>	<p>This Form Must The Commissioner By March 1</p> <p>PLEASE RETURN CHECK Make check payable to: Nelson Co. Treasurer</p>	<p align="center">30.00</p> <p align="center">Be Filed With Of Revenue</p> <p align="center">WITH LICENSE</p>		
<p>Building Inspectors Approval</p> <p>_____</p> <p>Zoning Approval</p> <p>_____</p>			<p align="center">LICENSE TAX</p> <p align="center">PENALTY</p> <p align="center">TOTAL TAX</p>	<p>_____</p> <p>_____</p> <p>_____</p>
<p>DATE BUSINESS BEGAN _____</p> <p>911 ADDRESS _____</p> <p>_____</p> <p>TELEPHONE # _____</p> <p>E-MAIL _____</p> <p>FAX # _____</p>	<p>This license shall not be valid or have any legal effect unless and until the taxes prescribed by law (and penalties), as shown on the application be paid to the treasurer of my county, and the fact of such payment appear on the face hereof by the signature of such treasurer hereto.</p> <p>DATE _____</p> <p align="right">_____ COMMISSIONER OF THE REVENUE</p> <p align="center">AMOUNT RECEIVED \$ _____</p>			

NELSON COUNTY  
PAMELA C CAMPBELL  
COMMISSIONER OF THE REVENUE  
PO BOX 246, LOVINGSTON, VA 22949  
PHONE 434-263-7070 FAX 434-263-7074  
Email: [pcampbell@nelsoncounty.org](mailto:pcampbell@nelsoncounty.org)

LODGING REGISTRATION FORM

Virginia Sales Tax Registration #: \_\_\_\_\_

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

Trade Name: \_\_\_\_\_

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

\_\_\_\_\_

Local Address: \_\_\_\_\_

(When address is different from mailing address)

\_\_\_\_\_

Class: \_\_\_\_\_

(Hotel, Motel, Bed & Breakfast, Houses, Condos, Campgrounds, Etc.)

Email: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Date Business Began in County: \_\_\_\_\_

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

IMPORTANT: Name and telephone number of accountant or person responsible for reporting tax if other than above.

Nelson County  
Office of the Commissioner of the Revenue  
P.O. Box 246  
Lovington, VA 22949  
(434) 263-7070

Virginia Sales Tax  
Registration No. \_\_\_\_\_  
Month Ended \_\_\_\_\_

Name \_\_\_\_\_

Trade Name \_\_\_\_\_

P.O. Box or Mailing Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

### TRANSIENT LODGING TAX

- 1. Gross rentals .....\$ \_\_\_\_\_
- 2. Allowable deductions
  - a. Exempt rentals (over 30 days) \$ \_\_\_\_\_
  - b. Refund of rentals included in line 1 of this report \$ \_\_\_\_\_
  - c. Refund of rentals included in prior reports \$ \_\_\_\_\_
  - d. Total deductions .....\$ \_\_\_\_\_
- 3. Item 1 less 2 (d) .....\$ \_\_\_\_\_
- 4. Tax (5% of item 3) .....\$ \_\_\_\_\_
- 5. Sellers Discount – (3% of item 4) ..... \$ \_\_\_\_\_
- 6. Penalty for late payment –10% of item 4 (minimum \$10) .....\$ \_\_\_\_\_
- 7. Interest (10%) Per Annum .....\$ \_\_\_\_\_
- 8. Total tax, penalty, and interest .....\$ \_\_\_\_\_

CHECK SHOULD BE MADE PAYABLE TO NELSON CO. TREASURER  
(Check must accompany this report)

**NOTE:** PLEASE RETURN A COPY WITH CHECK ATTACHED, TO:  
**Commissioner of the Revenue**, P.O. Box 246, Lovington, VA 22949

I declare that this return has been examined by me and to the best of my knowledge and belief is a true, correct, and complete return.

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

**NOTE:** THIS RETURN MUST BE FILED BY THE 20<sup>TH</sup> DAY OF THE MONTH FOLLOWING THE CALENDAR MONTH FOR WHICH TAX IS DUE TO AVOID PENALTY AND INTEREST.