

NELSON COUNTY
KIMBERLY TAYLOR GOFF
COMMISSIONER OF THE REVENUE
PO BOX 246, LOVINGSTON, VA 22949
PHONE 434-263-7070 FAX 434-263-7074
Email: kgoff@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.)

Booking Website (VRBO, AirBNB, Evolve, 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.

COUNTY OF NELSON
COMMISSIONER OF THE REVENUE
P O BOX 246
LOVINGSTON, VA. 22949
Phone 434-263-7070

Va. Sales Tax
Registration No. _____
Month _____

Transient Lodging Tax

Legal Business Name _____

Trade Name _____

Mailing Address _____

Location Address _____

- | | | |
|---|-------|----------|
| 1) Gross Rentals | _____ | \$ _____ |
| 2) Exempt Rentals | _____ | \$ _____ |
| 3) Item 1 less Item 2 | _____ | \$ _____ |
| 4) Tax (7% of Item 3) | _____ | \$ _____ |
| 5) Sellers Discount (3% of Item 4) | _____ | \$ _____ |
| 6) Penalty for late payment 10% of item 4 (minimum \$10.00) | _____ | \$ _____ |
| 7) Interest (10%) Per Annum | _____ | \$ _____ |
| 8) Total tax, penalty and interest | _____ | \$ _____ |

Online Platform/Intermediary	Gross Receipts	Tax Paid on Your Behalf
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1) _____

2) _____

3) _____

I declare that the foregoing statement and figures are true, complete, and correct to the best of my knowledge and belief.

Signature _____

58.1-3906. Liability of corporate officer or employee, or member or employee of partnership or limited liability company, for failure to pay certain local taxes.

A. Any corporate, partnership or limited liability company officer who willfully fails to pay, collect, or truthfully account for and pay over any local admission, transient occupancy, food and beverage, or daily rental property tax administered by the commissioner of revenue or other authorized officer, or willfully attempts in any manner to evade or defeat any such tax or the payment thereof, shall, in addition to other penalties provided by law, be liable for a penalty of the amount of the tax evaded or not paid, collected, or accounted for and paid over, to be assessed and collected in the same manner as such taxes are assessed and collected.

This return must be filed by the 20th day of each month for which tax is due to avoid penalty and interest.

BUSINESS LICENSE

COUNTY OF NELSON

COMMISSIONER OF REVENUE

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

APPLICATION FOR LICENSE

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
		30.00		
I hereby certify that the information given is true and correct to the best of my knowledge. _____ SIGNATURE OF APPLICANT PLEASE RETURN BOTH COPIES	This Form Must Be Filed with The Commissioner of Revenue By March 1 PLEASE RETURN CHECK WITH LICENSE Make checks payable to: Nelson Co. Treasurer			
	Building Inspectors Approval _____ Zoning Approval _____		LICENSE TAX PENALTY TOTAL TAX	

DATE BUSINESS BEGAN _____
 911 ADDRESS _____

 TELEPHONE # _____
 E-MAIL ADDRESS _____
 FAX # _____

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.

DATE _____

 COMMISSIONER OF THE REVENUE

AMOUNT RECEIVED \$ _____