

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

LODGING TAX 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)

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.