

NELSON COUNTY  
PAMELA C CAMPBELL  
COMMISSIONER OF THE REVENUE  
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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.