



CITY OF RADFORD
COMMISSIONER OF THE REVENUE
Cathy Flinchum, MCR
619 Second Street Room 161, Radford VA 24141
Phone: 540-731-3613 / Fax: 540-267-3146

MEALS TAX REGISTRATION ORDINANCE #1112

Business/Trade Name: _____

Federal ID # _____

Physical Address: _____

Business Mailing Address: _____

Business Phone: _____

Owner/Contact Name: _____

Owner/Contact Phone: _____ Email: _____

Home Address of Contact Person: _____

Class: _____

Restaurant, Cafeteria, Delicatessen, Snack Bar, Food Truck, etc.

Type of Ownership: _____

Individual—Partnership—Corporation

Name of Official Signing (if Corporation): _____

Open Date of Business: _____

Name of Business Succeeding: _____

Name of Bank: _____

Account Number: _____

Signature: _____

Title: _____

Date: _____

****Separate Registration Form Required for Each Location****
Mail to Address Above