ADMISSIONS TAX REGISTRATION FORM
Ordinance No. 1991-76

This application is being submitted for Admission Tax for the following: □ Business □ Event:

Applicant Name:
Trading-As Name:
Event Date(s) or Start Date of Business:
Business or Event Type:
Telephone Number: (   ) - Fax Number: (   ) -
Business/Event Location Address:
City & State: Zip Code:

Person responsible for reporting and remitting Admissions Tax:
Name: Title:
Mailing Address: Street Address:
City & State: Zip Code:

I, the undersigned, do hereby swear (or affirm) that the information supplied herein is true and complete, to the best of my knowledge and belief.

____________________________________
Signature of Responsible Applicant

City/County of ________________________
State of _____________________________

Acknowledge and sworn before me this _____day of _____________, 20____

____________________________________
Notary Public

My Commission Expires: ____________

Franklin D. Edmondson • Commissioner of the Revenue
City of Portsmouth
801 Crawford Street • Portsmouth, VA 23704-3870 • (757) 393-8771 • Fax: (757) 393-8604