

Please fill out this registration form and
return to:
Town of Hillsville
PO Box 545
Hillsville, VA 24343
treasurer@townofhillsville.com

TOWN OF HILLSVILLE, VA
REGISTRATION FOR MEALS TAX

A separate registration form required for each location.

Name of Business _____

Business Owner _____

Owner Bank _____

Owner Phone Number _____

Owner Address _____

Location of Business _____

Street and Number

Primary Business Function _____

Business Bank _____

Business Mailing Address _____

Business Telephone Number _____

Type of Ownership _____

Individual – Partnership – Corporation

Printed Name of Official Signing _____

Date _____

_____ Signature

_____ Title