



**ERIC J. MAYBACH**  
**COMMISSIONER OF THE REVENUE**  
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**COUNTY OF FAUQUIER**  
**BUSINESS REGISTRATION FORM**

Print and fill or complete online at  
[www.FauquierCounty.gov](http://www.FauquierCounty.gov)

<b>PART 1</b>		FEIN: _____	SSN: _____
Legal Business Name		Business Trading Name/DBA	
Business Mailing Address Street: _____ City, State, Zip: _____		Business Physical Address Street: _____ City, State, Zip: _____	
Date Began Business in Fauquier County:		Business Phone:	
Business Activity Code (NAICS Code):		Business Email:	
Tax Entity Type: <input type="checkbox"/> LLC <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other _____			

<b>PART 2</b>			
Owner Name	Owner SSN	Owner Email	Owner Phone
Owner Address: Street: _____		City, State, Zip: _____	

<b>PART 3</b>	
<b>WHICH CATEGORY BEST DESCRIBES YOUR BUSINESS?</b>	
<input type="checkbox"/> Contractor / Builder	<input type="checkbox"/> Consulting/Professional
<input type="checkbox"/> Food & Beverage Related (includes Mobile Food Trucks) – (Complete page 2)	<input type="checkbox"/> Retail/Amusement/Online Sales
<input type="checkbox"/> Mobile Business/Peddler selling goods or services – (Complete page 2)	<input type="checkbox"/> Personal & Business Service/Repairs
<input type="checkbox"/> Lodging (including short-term rentals) – (Complete page 2)	<input type="checkbox"/> Research & Development (FAR 48 C.F.R. 31.205-18)
<input type="checkbox"/> Wholesale	<input type="checkbox"/> Other (Farm, Non-Profit, etc.)
<b>My Business is</b>	
<input type="checkbox"/> Out of State Photographer	<input type="checkbox"/> Coin Operated Machine
<input type="checkbox"/> Carnivals & Cruises	<input type="checkbox"/> Fortune Teller, Clairvoyants, Practitioners of Palmistry
Brief Description of Your Business (Please write)	

<b>PART 4</b> (select all that apply)	
<b>My Business Sells</b>	
<input type="checkbox"/> Alcohol on Premises	<input type="checkbox"/> Alcohol Off Premises
<input type="checkbox"/> Alcohol Wholesale	<input type="checkbox"/> Cigarettes Retail
<input type="checkbox"/> Cigarettes Wholesale	<input type="checkbox"/> Fuel (Gasoline)

<b>PART 5</b>	
<b>INITIAL LICENSE / FILING (All Businesses and Individuals)</b>	
Definition – Gross Receipts shall include all sales or services rendered in Fauquier County.	Estimated Fauquier County Gross Receipts for the Current Calendar Year \$ _____
<b>Contractors Only</b>	
Estimated Job Start Date:	<input type="checkbox"/> VWC Forms 61-A Required for all contractors – Please include with this filing.
Estimated Job Completed Date:	Contractor's # / Exp Date:
Address of Job in Fauquier County:	

**OATH:** I, the undersigned applicant/representative, do swear (or affirm) that the foregoing information is true and correct to the best of my knowledge.  
 (Contractors Only: I further certify that I am in compliance with the provisions of Chapter 8, Title 65.2 of the Code of VA relating to Workers' Compensation Insurance.)

\_\_\_\_\_  
 Signature Applicant/Representative – Title

\_\_\_\_\_  
 Day Time Telephone

\_\_\_\_\_  
 Email Address

\_\_\_\_\_  
 Application Date



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**COUNTY OF FAUQUIER**  
**BUSINESS REGISTRATION FORM**  
 -- Page 2 Trust Taxes ONLY --

Print and fill or complete online at  
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**Business Name:** \_\_\_\_\_

This page is for businesses which qualify for at least one of the following taxes:

- Food & Beverage Tax (FB)
- Transient Occupancy Tax (TOT)

Frequency:

- Monthly

When to File:

- By the 20<sup>th</sup> of the following month (Jan. 1-31 due by Feb. 20<sup>th</sup>)

According to the information you have provided about your business, you are responsible for the collection of either the *Food & Beverage Tax* (FB) or *Transient Occupancy Tax* (TOT). Both taxes are required by Fauquier County to be filed and paid for the previous month by the 20th. These questions allow our office to confirm which tax you are responsible for. The contact information is required for accountability purposes. If/when an issue arises, these individuals shall be contacted & possibly held accountable for answering questions regarding reporting gross receipts. These are individuals trusted to answer questions regarding reported gross receipts and taxes owed.

<b>PART A</b>	
Do you sell food for immediate consumption?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you required to have a Virginia State Health Inspection?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number: _____
Do you sell food at Farmers Markets?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your business a non-profit/ fund-raiser event with food sales?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are your short-term rental stays 30 days or less?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you use a third-party vendor for your short-term rentals?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, choose below.
<input type="checkbox"/> Air B&B <input type="checkbox"/> VRBO <input type="checkbox"/> HomeAway <input type="checkbox"/> Evolve <input type="checkbox"/> Priceline <input type="checkbox"/> Trip Advisor <input type="checkbox"/> Expedia <input type="checkbox"/> Other: _____	

<b>PART B</b>				
Individual Responsible for Completing the Monthly Filing				
Title	First Name	Last Name	Email	Phone
Home Address: Street: _____ City, State, Zip: _____				

<b>PART C</b>				
Individual Responsible for the Day-to-Day Management of the Business				
Title	First Name	Last Name	Email	Phone
Home Address: Street: _____ City, State, Zip: _____				

<b>PART D</b>				
Individual Responsible for Collecting & Making Payments				
Title	First Name	Last Name	Email	Phone
Home Address: Street: _____ City, State, Zip: _____				

**OATH:** I, the undersigned applicant/representative, do swear (or affirm) that the foregoing information is true and correct to the best of my knowledge.

\_\_\_\_\_  
 Signature Applicant/Representative – Title

\_\_\_\_\_  
 Day Time Telephone

\_\_\_\_\_  
 Email Address

\_\_\_\_\_  
 Application Date