

**Carman Viar – Commissioner of the Revenue**

Bland County Courthouse

276-688-4291

PO Box 130

276-688-3071 (Fax)

Bland, VA 24315

cviar@bland.org

**APPLICATION FOR REGISTRATION
TAX ON TRANSIENT OCCUPANCY (LODGING)**

(Separate application required for each location)

1. Name of Business _____

2. Owner _____

3. Federal Identification Number _____

4. Social Security Number (If Applicable) _____

5. Business Location/ 911 Address _____
(Street Address)

(City/State)

(Zip Code)

6. Telephone Numbers _____
(Business) (Cell)

(Home)

(Fax)

7. Mailing Address (If different from line #5) _____
(Street Address, City/State, Zip Code)

8. E-mail address _____

9. Website Address _____

10. Type of Ownership (Please check one)

☐ Individual☐ Partnership☐ Corporation

11. Name and Title of Official Signing

(If Corporation) _____

12. Date Started, or Date to Start at this location _____

13. Name of Business Succeeding

(If Applicable) _____

14. I (we) rent rooms as defined in the Bland County Transient Occupancy Tax Ordinance.

☐ Yes☐ No

Date _____

Signature _____

Title _____

Any person violating or failing to comply with any provision of the tax on Transient Occupancy ordinance as provided shall upon conviction thereof, be guilty of a Class 3 misdemeanor, conviction of such violation shall not relieve any person from PAYMENT OR REMITTANCE of the tax provided by this ordinance.

PLEASE RETURN COMPLETED APPLICATION TO THE ADDRESS AT TOP OF PAGE.

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