



# Thomas A. Hazelwood

Commissioner of the Revenue

P.O. Box 1459

Suffolk, Virginia 23439



## SPECIAL TAX APPLICATION

### PART I

Food & Beverage Tax **6.50%**

Lodging Tax **8.00%**

Admissions Tax **10.00%**

SS# \_\_\_\_\_ Federal ID#: \_\_\_\_\_ Individual  Partnership  Corp.  LLC

Applicant: \_\_\_\_\_ Trade Name \_\_\_\_\_

Business Location: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone # ( ) \_\_\_\_\_ - \_\_\_\_\_ Date Business Began in Suffolk: \_\_\_\_\_

### PART II

#### Remittance and Penalty

The person collecting a food and beverage, lodging or admissions tax must complete a report indicating the total amount of applicable gross receipts from the preceding month, along with the amount of tax calculated on that figure. The person shall sign and deliver such report to the Commissioner of the Revenue's office with remittance made payable to the city treasurer. The report and remittance shall be made **on or before the 20<sup>th</sup> day of the month** for taxes collected in the preceding month. Payments received after the due dates are subject to penalties and interest. The tax shall be deemed to be held in trust by the collector of such tax. Failure to collect such tax does not relieve the person responsible for collecting such tax from the tax liability.

Failure to comply with the provisions as set forth in the Suffolk City Code is punishable as a criminal offense. Each violation constitutes a separate offense. A criminal conviction does not relieve such person from the payment, collection or remittance of the tax. Corporate/partnership officers, directors and members are personally liable and personally responsible for payment of said taxes.

### PART III

#### Individual(s) Responsible for Collecting and Remitting Tax

Name 1 \_\_\_\_\_ Title \_\_\_\_\_ Social Security# \_\_\_\_\_

Home Address \_\_\_\_\_ Home Telephone# \_\_\_\_\_

Name 2 \_\_\_\_\_ Title \_\_\_\_\_ Social Security# \_\_\_\_\_

Home Address \_\_\_\_\_ Home Telephone# \_\_\_\_\_

### PART IV

#### Notarized signature(s) required

Signature 1 \_\_\_\_\_ Date \_\_\_\_\_ Signature 2 \_\_\_\_\_ Date \_\_\_\_\_

City/County of \_\_\_\_\_ State of \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_.

Notary Public \_\_\_\_\_

Notary registration number: \_\_\_\_\_

My commission expires: \_\_\_\_\_