



**County of Augusta**  
 Commonwealth of Virginia  
 Verona, Virginia



P.O. Box 959  
 Verona, Virginia 24482  
 245-5640 or 942-5113  
 828-6205 939-4111

Office of  
 Commissioner of the Revenue

APPLICATION  
 PREPARED FOOD AND BEVERAGE TAX

[ NAME TRADING AS ADDRESS CITY/STATE/ZIP L	]
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DATE \_\_\_\_\_

BEGINNING \_\_\_\_\_ ENDING \_\_\_\_\_

MONTH	RECEIPTS	TAX	PENALTY	TOTAL TAX

I hereby certify that the information given is true and correct to the best of my knowledge.

\_\_\_\_\_

Signature of Applicant or authorized representative

This form shall not be valid or have any legal effect unless and until the taxes prescribed by law (and penalties), as shown on this form be paid to the treasurer of my county, and the fact of such payment appear on the face hereof by the signature of such treasurer hereto.

DATE: \_\_\_\_\_

\_\_\_\_\_

COMMISSIONER OF THE REVENUE

DATE: \_\_\_\_\_

\_\_\_\_\_

TREASURER

AMOUNT RECEIVED \$ \_\_\_\_\_