



# Brandy N. Palazzone Commissioner of the Revenue

County of York, Virginia  
Post Office Box 189, Yorktown, Virginia 23690-0189  
P: (757) 890-3383 | F: (757) 890-3380  
W: [www.yorkcounty.gov/revenue](http://www.yorkcounty.gov/revenue)  
E: [revofc@yorkcounty.gov](mailto:revofc@yorkcounty.gov)



## York County Cigarette Tax Stamp Agent Registration

Type of Ownership:  Individual  Partnership  Corporation  Limited Liability Corp.

Business Name or Applicant/Owner: \_\_\_\_\_

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

Federal I.D. # \_\_\_\_\_ Social Security # \_\_\_\_\_  
*\*\*\*If Sole Proprietor\*\*\**

Mailing Address: \_\_\_\_\_  
Suite # \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Shipping Address: \_\_\_\_\_  
Suite # \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Business Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Fax Phone # \_\_\_\_\_ Corp Phone # \_\_\_\_\_

E-mail address: \_\_\_\_\_

Stamp Order Contact Name: \_\_\_\_\_

Business Phone # \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Applicant/Ownership Information (**PLEASE PRINT**) List below, attach list or use the back of this application to identify the Owner, Partners or Officers of the above company.

\_\_\_\_\_  
Name Title

\_\_\_\_\_  
Name Title

OATH: I the undersigned applicant do swear (or affirm) that the foregoing statements are true, full and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Applicant(s) Signature Date