



Sarah K. Webb
Commissioner of the Revenue
 County of York, Virginia
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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