Commissioner of the Revenue

COUNTY OF YORK, VIRGINIA
Post Office Box 189
Yorktown, Virginia 23690-0189
(757) 890-3383/FAX: 890-3380
www.yorkcounty.gov/revenue
revofc@yorkcounty.gov

ANN H. THOMAS
Commissioner

BRANDY N. PALAZZONE
Chief Deputy

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