



TAZEWELL COUNTY BUSINESS REGISTRATION FORM

Commissioner of the Revenue
101 E Main ST Suite 201
TAZEWELL VA 24651-1071

PHONE: (276) 385-1235 FAX: (276) 988-5221

EMAIL: maggie.buskill@tazewellcounty.org or eerasnick@tazewellcounty.org

To register your business with Tazewell County, please complete and return this form to the Commissioner's Office. Voluntary Registration will help Tazewell County obtain Grants to Assist Local Businesses and Identify Workforce Training Needs to Support our Local Employers.

Business Start Date in Tazewell: _____

Business Name: _____

Physical Address of Business: _____

Mailing Address of Business: _____

Phone Number of Business: (____) _____ Email: _____

Nature of Business: _____

Number of Full Time Employees: _____ Number of Part Time Employees: _____

Please Check One:

Sole Proprietor Partnership LLC Incorporated Other (explain): _____

Federal Identification Number: _____

Social Security Number: _____

Contact Person(s) & Phone Number(s): _____

CONSENT TO RECEIVE AND RELEASE:

I, _____ (business owner) hereby authorize
_____ as my agent/representative to receive and release confidential information
related to my business account unless and until revoked in writing to the Commissioner of the Revenue.

I declare that the foregoing information is true, complete and correct to the best of my knowledge and belief.

Signature

Date

Helpful Websites:

www.irs.gov

(federal forms & SS-4 form to obtain Tax ID)

www.tax.virginia.gov

www.tax.virginia.gov/taxforms/Business/Registration/R-1.pdf

(registration of business name, locations, & tax types)

www.business.virginia.gov

www.scc.virginia.gov

web.tazewellcounty.org

Other County Department Contact Info:

Planning (276) 385-1217

Location: 106 E Main St, Tazewell, VA 24651

Department of Building Safety/Engineering

Health Department (276) 988-5585

Location: 253 Chamber Dr, Tazewell, VA 24651
(behind Magic Mart)

Commissioner of Revenue Office
(276) 385-1235

Location: 101 E Main St, Suite 201
Tazewell, VA 24651

For Office Use Only:

Date Received: _____

Existing Acct #: _____

Effective Year: _____

Received By: _____

New Acct #: _____