

PO Box 449 | Fayetteville, North Carolina 28302-0449

Courthouse, 5th Floor | Suite 527

Phone: 910-678-7507 | Fax: 910-678-7815

www.cumberlandcountync.gov

## Office of the Tax Administrator

## **APPLICATION**

## Prepared Food & Beverage Tax and / or Room Occupancy Tax

| Type of Tax Application                                                                                          | □ Pre                            | epared Food & Bev  | verage E              | ] Room     | n Occupancy                      |
|------------------------------------------------------------------------------------------------------------------|----------------------------------|--------------------|-----------------------|------------|----------------------------------|
| Company Legal / Corporate Name                                                                                   |                                  |                    |                       |            |                                  |
| Trade Name                                                                                                       |                                  |                    |                       |            |                                  |
| Mailing Address                                                                                                  |                                  |                    |                       |            |                                  |
| City State Zip                                                                                                   |                                  |                    |                       |            |                                  |
| Business Phone # / Ext                                                                                           | ( )                              |                    | Bus                   | iness Fax  | # ( )                            |
| E-Mail Address                                                                                                   |                                  |                    |                       |            |                                  |
| Business Physical Location*                                                                                      |                                  |                    |                       |            |                                  |
| *16                                                                                                              |                                  | Na                 |                       |            | th - tan                         |
|                                                                                                                  | mberiana C                       | Jounty, please att | acn a list of all loc | cations wi | th store number & street address |
| Company Legal Name                                                                                               |                                  |                    |                       |            |                                  |
| Date Business Opened                                                                                             | Month _                          | Date               | Year                  |            |                                  |
| Indicate type of Ownership                                                                                       |                                  | le Proprietor      |                       | SSN        |                                  |
|                                                                                                                  | Co                               | rporation          | LLPLLC                | Fed ID #   |                                  |
| Bank Name                                                                                                        |                                  |                    |                       |            |                                  |
| Name of Owner(s)                                                                                                 |                                  |                    |                       |            |                                  |
| Home Address                                                                                                     | , ,                              |                    |                       |            |                                  |
| Phone #                                                                                                          | ( )                              |                    | Cell # (              | )          |                                  |
| E-Mail Address                                                                                                   |                                  |                    |                       |            |                                  |
| CPA / Accountant / Bookkeeper                                                                                    |                                  |                    |                       |            |                                  |
| Mailing Address                                                                                                  |                                  |                    |                       |            |                                  |
| City State Zip                                                                                                   |                                  |                    |                       |            |                                  |
| Business Phone # / Ext                                                                                           | ( )                              |                    | Bus                   | iness Fax  | # ( )                            |
| E-Mail Address                                                                                                   |                                  |                    |                       |            |                                  |
| I authorize the Office of the Tax Administrator to discuss my business returns with my preparer (Please initial) |                                  |                    |                       |            |                                  |
| Seasonal Business: No                                                                                            |                                  | Yes                |                       |            |                                  |
| If yes, list the months of operation: _                                                                          |                                  |                    |                       |            |                                  |
| Food Truck / Trailer: No                                                                                         |                                  | Ves                |                       |            |                                  |
|                                                                                                                  |                                  |                    |                       |            |                                  |
| If yes, provide owner mailing address:                                                                           |                                  |                    |                       |            |                                  |
| Return completed application to: Cumberland County Tax Administration ATTN: Food & Beverage or Room Occupancy    |                                  |                    |                       |            |                                  |
| PO Box 449                                                                                                       |                                  |                    |                       |            |                                  |
| Fayetteville NC 28302-0449                                                                                       |                                  |                    |                       |            |                                  |
| FOR OFFICE USE ONLY                                                                                              |                                  |                    |                       |            |                                  |
| Account # Assigned:                                                                                              |                                  |                    | Owner ID # Assig      | ned:       |                                  |
| Date Received:                                                                                                   | Beginning Tax Period: Territory: |                    |                       |            |                                  |
|                                                                                                                  |                                  | beginning rax P    | CHOU.                 |            | remory.                          |

Consolidated:

Yes / No

Variant Cycle:

Yes / No