



**FREDERICK COUNTY, VIRGINIA**

**COMMISSIONER OF THE REVENUE**

107 N. Kent Street, Winchester VA 22601  
P.O. Box 552, Winchester VA 22604-0552



Amber Lucht  
Business Division

[amber.lucht@fcva.us](mailto:amber.lucht@fcva.us)  
[www.fcva.us/biztax](http://www.fcva.us/biztax)  
540.722.8335

Phone: 540.722.8335  
Fax: 540.667.6487

**CONSUMER TAX (MEALS/LODGING) BUSINESSES  
SEASONAL BUSINESSS INFORMATION FORM**

(Separate Form Needed For Each Location)

NAME OF BUSINESS: \_\_\_\_\_

BUSINESS LOCATION: \_\_\_\_\_

OWNER(S): \_\_\_\_\_

Month	Status	
January	<input type="checkbox"/> Open	<input type="checkbox"/> Closed
February	<input type="checkbox"/> Open	<input type="checkbox"/> Closed
March	<input type="checkbox"/> Open	<input type="checkbox"/> Closed
April	<input type="checkbox"/> Open	<input type="checkbox"/> Closed
May	<input type="checkbox"/> Open	<input type="checkbox"/> Closed
June	<input type="checkbox"/> Open	<input type="checkbox"/> Closed
July	<input type="checkbox"/> Open	<input type="checkbox"/> Closed
August	<input type="checkbox"/> Open	<input type="checkbox"/> Closed
September	<input type="checkbox"/> Open	<input type="checkbox"/> Closed
October	<input type="checkbox"/> Open	<input type="checkbox"/> Closed
November	<input type="checkbox"/> Open	<input type="checkbox"/> Closed
December	<input type="checkbox"/> Open	<input type="checkbox"/> Closed

**The owner must sign and date this form. If the business is an entity such as a trust, partnership, limited liability company, or corporation, it must be signed by a member, partner, executive officer, or other person specifically authorized in writing by the trust, partnership, limited liability company, or corporation to sign.**

*Declaration: I hereby declare, under penalty of perjury, that the statements made herein are true, complete, and correct to the best of my knowledge and belief, and that I am the owner or a member, partner, executive officer, or other person specifically authorized in writing to sign.*

SIGNATURE of AUTHORIZED PERSON: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

TITLE or CAPACITY FOR SIGNING: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_