



**Town of Cape Charles
2 Plum St.
Cape Charles, VA 23310
TRANSIENT OCCUPANCY**

REGISTRATION OF VENDOR

1. TYPE OF ENTITY:

- A. SOLE PROPRIETOR _____
(INDIVIDUALS FULL NAME)
- B. PARTNERSHIP _____
(PARTNERSHIP NAME)
- C. CORPORATION _____
(CORPORATION NAME)

2. "TRADING AS" _____

3. DATE BUSINESS OPENED _____

4. PHYSICAL LOCATION _____
(BUILDING NUMBER AND STREET)

PHONE _____ FAX _____

E-mail _____ MOBILE _____

5. STATE SALES AND USE TAX NUMBER _____

6. MAILING ADDRESS, COMPLETE ONLY IF MAILING ADDRESS IS DIFFERENT FROM PHYSICAL ADDRESS

7. RESPONSIBLE OFFICER (S)

NAME _____

TITLE _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____

NAME _____

TITLE _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____

IMPORTANT – READ BEFORE SIGNING

Sections 58.1-1814 and 1815 of the CODE OF VIRGINIA provide criminal penalties for a person who willfully fails to make a return, keep records or supply information required by law for the administration of state taxes, or who willfully fails to collect, account for and pay over any sales, use and withholding taxes.

An officer of the corporation, or member of the partnership, who is authorized to sign on behalf of the organization, must sign this registration form and returns for the taxes registered hereunder. The proprietor must sign for a sole proprietorship. Signatures of accountants, certified public accountants, or persons who are not authorized to sign on behalf of the organization are not acceptable.

I have read and understand the above statement, and I am authorized to sign this form on behalf of this organization.

NAME (PRINT) _____ TITLE _____

SIGNATURE _____ DATE _____

MAIL FORM TO:

OR

FAX TO:

TREASURER
TOWN OF CAPE CHARLES
2 PLUM STREET
CAPE CHARLES, VA 23310

ATTN: TREASURER
(757) 331-4820

FOR OFFICE USE ONLY

CAPE CHARLES TRANSIENT OCCUPANCY TAX ACCOUNT NUMBER _____

DATE ACCOUNT CREATED _____ STAFF _____

**TRANSIENT OCCUPANCY
LICENSE REQUEST
GENERAL INFORMATION**

1. Is the rental property occupied by the applicant as a single family dwelling? _____
2. What is the expected average length of individual rentals (choose one?)
 Overnight _____ Weekend _____
 Weekly _____ Monthly _____
3. Are you going to operate as a "Bed & Breakfast"? _____
4. How many guest rooms are available? _____
5. Will you be offering any meal other than breakfast for an additional charge? _____
6. If applicable, who will be handling the filing of your Transient Occupancy Tax Returns?

Name _____

Address _____

Phone Number _____

TRANSIENT OCCUPANCY INFORMATION & INSTRUCTIONS

WHO MUST COLLECT THE TAX - Any person engaged in the short-term rental of a room or dwelling place (less than thirty consecutive days) shall collect the tax from the person renting such space.

RATE OF TAXATION - A person shall collect a tax of 3.7% on the charge made for any rental for the Town of Cape Charles, plus 5.3% for State Use tax, and 2% for Northampton County for Transient Occupancy Tax (total of 11%.)

TIME AND MANNER OF PAYMENT- Remittance of taxes collected for each month shall be made to: **TREASURER OF CAPE CHARLES 2 PLUM STREET, CAPE CHARLES, VA 23310**, on or before the 20th day of the month following the reporting month.

PENALTIES - A penalty of 10% of the tax plus interest on the tax and penalty at the rate of 10% per annum shall be added if the tax collected is not paid on or before the due date. Penalty and interest shall commence from the date such taxes are due and payable.

RECORDS - Every person liable for the collection and payment of taxes shall keep and preserve for a period of five (5) years suitable records as may be necessary to determine such tax.