

**CITY OF ROANOKE, VIRGINIA
COMMISSIONER OF THE REVENUE**

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(540) 853-2524

SHORT-TERM RENTAL TAX REGISTRATION

Date

Entity Type

Owner

ID# (Social Security or Fed ID)

Trade Name

Mailing Address

City

State

Zip

Physical location (City Street Address)

Type of Rental(s) (e.g. Heavy Equipment, Video, Tools, Etc.)

Percentage of Total Yearly Rental of Each Type

(____) _____
Phone

(____) _____
Fax

I (we), the undersigned hereby certify under penalty of perjury, that the information provided on this application, is true and correct to the best of my (our) knowledge and belief.

Authorized Signature

Title