

**County of Dinwiddie
Office of the Commissioner of the Revenue
P O Box 104
Dinwiddie VA 23841**

Special Event Registration

EVENT NAME

LOCATION

DATE

NAME OF BUSINESS:

OWNER OF BUSINESS:

BUSINESS ADDRESS:

FEDERAL IDENTIFICATION #:

SALES TAX IDENTIFICATION #

BUSINESS TELEPHONE:

EMAIL ADDRESS:

BRIEF DESCRIPTION OF BUSINESS:

OATH-I, THE UNDERSIGNED APPLICANT, DO SWEAR (OR AFFIRM) THAT THE FOREGOING
INFORMATION IS TRUE, FULL AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SWORN OR AFFIRMED TO ON THIS _____ DAY OF _____, YEAR _____

SIGNATURE OF BUSINESS OWNER