



Tax Administration

TEL 919 856 5999

FAX 919 743 4728

Gross Receipts Tax Division

Wake County Justice Center

301 S. McDowell Street, Suite 3800

P.O. Box 2719 Raleigh, NC 27602

www.wake.gov/tax

PREPARED FOOD & BEVERAGE TAX ACCOUNT APPLICATION

SELECT ONE: Sole Proprietorship _____ Partnership _____ Corporation _____ L.L.C. _____

Other (please specify) _____

OWNER/CORPORATION INFORMATION:

Name: _____ Telephone: _____

Physical Address: _____

Mailing Address: _____

E-mail Address: _____

INDIVIDUAL/CORPORATE OFFICER INFORMATION: (Residence Address/Telephone)

Name: _____ Home Telephone: _____

Home Address: _____

Mailing Address: _____

E-mail Address: _____

BUSINESS INFORMATION:

Trade Name: _____

Type of Business: _____

Location: _____

Contact Name/Title: _____

Contact Telephone: _____ Business Telephone: _____

Federal Tax ID #: _____ Business Begin Date: _____

Signature: _____ Title: _____ Date: _____

I certify that, to the best of my knowledge, this application is accurate and complete.

Return completed application to:

Wake County Tax Administration
Gross Receipts Division
P.O. Box 2719
Raleigh NC 27602