



**MONTGOMERY COUNTY
COMMISSIONER OF THE REVENUE
BRENDA H. WINKLE, COMMISSIONER OF THE REVENUE**

755 ROANOKE STREET, SUITE 1A, CHRISTIANSBURG, VIRGINIA 24073-3170

CIGARETTE TAX WHOLESALE REGISTRATION FORM

Company: _____ **Date:** _____

Mailing Address: _____

Federal ID: _____ **Cigarette Tax License #:** _____

Contact Name (print): _____ **Contact Phone:** _____

Fax: _____ **Email Address:** _____

FedEx Shipping #: _____ **UPS Shipping #:** _____

RETAIL CUSTOMERS LOCATED WITHIN MONTGOMERY COUNTY, VA

Trade Name: _____

Business Location: _____

Mailing Address: _____

Contact: _____ **Phone:** _____

Trade Name: _____

Business Location: _____

Mailing Address: _____

Contact: _____ **Phone:** _____

Trade Name: _____

Business Location: _____

Mailing Address: _____

Contact: _____ **Phone:** _____

Trade Name: _____

Business Location: _____

Mailing Address: _____

Contact: _____ **Phone:** _____