CUMBERLAND COUNTY

Office of the Tax Administrator

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(910) 678-7590 • Fax (910) 678-7582

Application

Prepared Food & Beverage Tax

Room Occupancy Tax

Type of Tax	Prepared Food & Beverage | Room Occupancy

Trade Name	
C/O	
Mailing Address	
City State Zip	
Phone # / Ext	
Location Address*	
City State Zip	

**If more than one location in Cumberland County, please attach a list of all locations & addresses*

Type of Business Company Legal Name	_____ Sole Proprietor SSN _____ _____ Corporation _____ LLP _____ LLC Fed ID #_____
Owner Name	
Date Business Began	Month Date Year

**If business operates on a 13 month accounting period, please attach a list of the period beginning and ending dates. Special due dates will have to be assigned based on the period ending dates.

**If business is a seasonal operation, please indicate below months that you will be open:

____January ____February ____March ____April
____May ____June ____July ____August
____September ____October ____November ____December

ALL APPLICANTS PLEASE COMPLETE THE FOLLOWING CONTACT INFORMATION

Name: Last/First/MI	
Title	
Phone #	
Fax #	
E-Mail Address	

FOR OFFICE USE ONLY	
Account #	
Status	
Territory	
Township	
Beginning Tax Period	
Consolidated	
Variant Cycle	