

Gross Receipts Tax Division

Cumberland County Tax Administration
117 Dick Street, Courthouse, 5th Floor, Suite 527
P.O. Box 449, Fayetteville, NC 28302-0449
www.cumberlandcountync.gov

PREPARED FOOD & BEVERAGE TAX ACCOUNT APPLICATION

SELECT ONE: Sole Proprietorship _____ Partnership _____ Corporation _____ L.L.C. _____
Other (please specify) _____

INDIVIDUAL OWNER INFORMATION:

Name: _____ Telephone Number: _____
Physical Address: _____
Mailing Address: _____
E-mail Address: _____ Social Security Number: _____

**If more than one location in Cumberland County, please attach a list of all locations with store numbers and street addresses*

BUSINESS INFORMATION:

Trade Name: _____ Federal Tax ID#: _____
Corporate Name: _____
Type of Business: _____
Contact Name/Title: _____
Contact Telephone: _____ Business Fax Number: _____
E-mail Address: _____ Business Begin Date _____

CPA/ACCOUNTANT INFORMATION:

Contact Name: _____ Telephone Number: _____
Mailing Address: _____
E-mail Address: _____

I authorize Cumberland County Tax Administration to discuss my returns with my preparer. (Please initial)

Signature: _____ Title: _____ Date: _____
I certify that, to the best of my knowledge, this application is accurate and complete.

Return completed application to: Cumberland County Tax Administration
Gross Receipts Division
P.O. Box 449
Fayetteville, NC 28302-0449

FOR OFFICE USE ONLY

Account Number Assigned: _____ Owner ID Number Assigned: _____ Date Received: _____
Beginning Tax Period _____ Consolidated: Yes No Variant Cycle: Yes No