

TAX ADMINISTRATION www.WakeGov.com/tax

Gross Receipts Tax Division

Wake County Justice Center 301 S. McDowell Street, Suite 3800 P.O. Box 2719 Raleigh, NC 27602

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/CORP	ORATE OFFICER INFO	ORMATION: (Resider	nce Address/Telephone)	
Name:			Home Telephone:	
Home Address:				
Mailing Address:				
E-mail Address:				
BUSINESS INFORMA	ATION:			
Trade Name:				
Location:				
Contact Name/Title				
Contact Telephone:		H	Business Telephone:	
Federal Tax ID #:		H	Business Begin Date:	
Wake County Tax Administration Return completed application to: Gross Receipts Division P.O. Box 2719 Raleigh NC 27602				