

**County of Dinwiddie**  
**Office of the Commissioner of the Revenue**  
**P O Box 104**  
**Dinwiddie VA 23841**

**Special Event Registration**

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EVENT NAME

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LOCATION

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DATE

NAME OF BUSINESS:

OWNER OF BUSINESS:

BUSINESS ADDRESS:

FEDERAL IDENTIFICATION #:

SALES TAX IDENTIFICATION #

BUSINESS TELEPHONE:

EMAIL ADDRESS:

BRIEF DESCRIPTION OF BUSINESS:

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OATH-I, THE UNDERSIGNED APPLICANT, DO SWEAR (OR AFFIRM) THAT THE FOREGOING INFORMATION IS TRUE, FULL AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SWORN OR AFFIRMED TO ON THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, YEAR \_\_\_\_\_

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SIGNATURE OF BUSINESS OWNER