

**City of Radford**  
Office of  
**COMMISSIONER OF THE REVENUE**  
Cathy Flinchum, Commissioner  
619 Second St., Rm. 161, Radford, VA 24141  
Phone: (540) 731-3613

**CIGARETTE TAX  
WHOLESALE REGISTRATION FORM**

FEIN: \_\_\_\_\_ CIGARETTE TAX LIC. NO \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CONTACT NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_

FED EX NUMBER: \_\_\_\_\_ UPS NUMBER: \_\_\_\_\_

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**RETAIL CUSTOMERS LOCATED WITHIN CITY OF RADFORD, VIRGINIA**

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Trade Name: \_\_\_\_\_

Business Location: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Contact: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Trade Name: \_\_\_\_\_

Business Location: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Contact: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Trade Name: \_\_\_\_\_

Business Location: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Contact: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Trade Name: \_\_\_\_\_

Business Location: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Contact: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Trade Name: \_\_\_\_\_

Business Location: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Contact: \_\_\_\_\_ Phone No.: \_\_\_\_\_