

**CITY OF FRANKLIN
SELENIA R BOONE**

LODGING TAX _____

Checks payable To: City Treasurer

**Mail To: 207 West Second Avenue
Franklin, VA 23851**

Registration No..... _____

For Month of..... _____

Business Name:

Gross Receipts..... _____

8.00% Tax..... _____

Penalty & Interest. _____

Total Remittance. _____

I hereby certify that the figures shown on this form are in accordance with the Code of the CITY OF FRANKLIN

Signed