

**CITY OF FRANKLIN
SELENIA R BOONE**

MEALS TAX _____(YEAR)

**Checks payable To: City Treasurer
Mail To: 207 West Second Avenue
Franklin, VA 23851**

**Registration No..... _____
For Month of..... _____**

Business Name:

Gross Receipts..... _____

7% 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