

CITY OF FRANKLIN
BRENDA B. RICKMAN

MEALS TAX _____(YEAR)

Checks payable To: City Treasurer
Mail To: P. O. Box 389
Franklin, VA 23851

Registration No.....
For Month of.....

Business Name:

Gross Receipts.....

6.50% 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