



101 Chalmers Court, Suite A
Berryville, VA 22611

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Town of Berryville Cigarette Tax Stamp Order Form

Applicant: _____

Mailing Address: _____

Federal Tax Identification Number: _____

Signature: _____

The above named applicant hereby applies to the Town of Berryville for the following number of rolls of Cigarette Tax Stamps:

Number of rolls _____ X 15,000 in a roll = _____ stamps

Number of stamps _____ X \$0.10 per stamp = \$ _____

Postage _____ \$25.00 per roll = \$ _____

TOTAL AMOUNT DUE \$ _____

OFFICE USE ONLY

Approval Signature

Date

Beginning Serial Number _____

Ending _____

Date Payment Received _____

Amount _____

Date Picked Up/Mailed _____

Signature (Authorized Company Representative or Town Agent)