



Judy S. Hart
King George County
Commissioner of the Revenue
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Cigarette Wholesaler Registration to Purchase King George County Tax Stamps

Wholesaler Trade Name: _____

Mailing Address: _____

Contact Name: _____

Phone: _____

Email: _____

Date: _____

Signature: _____ Title: _____

FedEx Shipping Number: _____

- Include a copy of your authorization to purchase Virginia tax stamps with this application.
- Please list below the retailers to whom you will distribute cigarettes. Use additional pages if needed.

Retailer Name: _____

Business Location: _____

Mailing Address: _____

Contact Name: _____ Phone: _____

Retailer Name: _____

Business Location: _____

Mailing Address: _____

Contact Name: _____ Phone: _____