



**Food & Beverage Tax
 Registration Form**

Name of Business (DBA): _____

Please review the attached Food & Beverage Tax Ordinance before continuing:

- Is your business responsible for payment of the Food and Beverage Tax? **Yes** **No**
 - If Question 1 is answered "No", please complete Question 2, sign the registration and return to the address above.
 - If Question 1 is answered "Yes", skip Question 2, complete remainder of registration, sign and return registration to the address above.
- Please list reason(s) why you believe your business is *not* liable for collection and payment of the Food & Beverage Tax below (if you require additional room, please detail on an attached page):

Business Phone Number		Business Email Address		
Business Location (Street Address)		Business Location (City, State, Zip)		
Business Mailing Address (if different from business location)				
Date Business Opens / /		Nature of Business (i.e. restaurant, deli, etc.)		
Check all sales which apply to the business location:	<input type="checkbox"/> Liquor (consumed on premises)	<input type="checkbox"/> Packaged Liquor	<input type="checkbox"/> Food & non-alcoholic drinks	<input type="checkbox"/> Catering

Name of <input type="checkbox"/> Owner <input type="checkbox"/> Manager	Owner/Manager Phone Number	Owner/Manager Email Address
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Name of Tax Return Preparer	Preparer's Phone Number	Preparer's Email Address
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IL Sales Tax # (aka Illinois Retailer Occupation Tax Number or IBT): _____

Federal Tax ID # _____

Frequency of filing Illinois Dept of Revenue ST-1 (select one): **Monthly** **Quarterly** **Semi-annually** **Annually**

Under penalties as provided by law, I declare that to the best of my knowledge and belief, the information on this form is true, correct and complete.

 Signature Printed Name & Title Date