



VILLAGE OF
LINCOLNSHIRE
FINANCE DEPARTMENT

STAMP HERE

FOOD AND BEVERAGE TAX REGISTRATION FORM

Name of Business (DBA):

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

1. 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.

2. 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, City, State, Zip):				
Business Mailing Address (if different from Business Location):				
Date Business Opens:	Nature of Business (i.e. restaurant, deli, etc.)			
Check all that apply:	<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 with Illinois Dept of Revenue: **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
1 Olde Half Day Road, Lincolnshire, IL 60069	www.lincolnshireil.gov P: 847-883-8600	F: 847-883-8608