



Registration Places for Eating Tax

Business License ID

Business Entity Information

Business Name (DBA)	<input style="width: 95%;" type="text"/>	Date Commenced	<input style="width: 95%;" type="text"/>
Business Location Address	<input style="width: 95%;" type="text"/>	Phone	<input style="width: 95%;" type="text"/>
Mailing Address (if different)	<input style="width: 65%;" type="text"/> City <input style="width: 20%;" type="text"/>	State	<input style="width: 10%;" type="text"/> Zip <input style="width: 15%;" type="text"/>
Emergency Contact	<input style="width: 95%;" type="text"/>	Phone	<input style="width: 95%;" type="text"/>
IDOR Account Number	<input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> - <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> (formerly IBT #)		
Employer Identification #	<input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> - <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/>		
	Sole proprietors should provide SSN <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> - <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> - <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/>		
Type of Business	Corporation, Sole Proprietor, Partnership, Small Corporation, LLC		
Legal Name, if Different	<input style="width: 95%;" type="text"/>		
Corp. or Partnership Address	<input style="width: 95%;" type="text"/>		
Corp. or Partnership Email	<input style="width: 95%;" type="text"/>		

Business Owner Information

Name	<input style="width: 95%;" type="text"/>		
Home Address	<input style="width: 65%;" type="text"/> City <input style="width: 20%;" type="text"/>	State	<input style="width: 10%;" type="text"/> Zip <input style="width: 15%;" type="text"/>
Cell / Home Phone	<input style="width: 65%;" type="text"/>	Email	<input style="width: 95%;" type="text"/>

Filing of Form and Taxes

Please review the Summary and the Places for Eating Tax Ordinance before responding.

Current frequency of filing Illinois Sales Tax Return: Monthly, Quarterly, Annually

Is your Business responsible for payment and collection of the Places for Eating Tax? Yes, No

If no, please explain.

Please sign the registration form and return the form to the address listed below.

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.

Applicant

Signature

Date