

FOOD & BEVERAGE TAX REGISTRATION FORM

1.	Name of Business (DBA)					Telephone
	Business Location Address	Cit	y	State	:	Zip Code
	Date Open For Business				_	
2.	Company/Corporate Name if Differ	rent from DB	4			Telephone
	Mailing Address (Company/Corpor	rate) Cit	y	State	:	Zip Code
3.	Name of Owner or Manager					Telephone
4.	Nature of Business: (i.e. restaurant,	deli, tavern, e	etc.)			
5.	Estimated Annual Sales Subject to Food & Beverage Tax:					
6.	Illinois Retailer Occupation Tax Number (IBT):					
7.	Federal Taxpayer ID Number or Social Security Number:					
8.	Name of Food and Beverage Tax Return Preparer:					
9.	Frequency of Filling Illinois Department of				Telephone	
7.	Revenue Form ST-1	inent of		Monthly		Semi-annually
				Quarterly		Annually
I declare that I have examined this registration form, and to the best of my knowledge, the information entered on this form is true, correct and complete.						
Signature of Applicant						Date
Please return the completed form to: Village of Gurnee 325 N. O'Plaine Rd Gurnee, IL 60031 Attn: Finance Dept., Food & Beverage Tax						

Phone:

Fax:

847-599-7526

847-623-0490