



Food & Beverage Tax Registration Form

1. Business name (DBA): _____
2. **Date Open for Business:** _____ 3. Business phone: ____ - ____ - ____
4. Address: _____, Suite # _____, Gurnee, IL 60031
5. Company/Corporate Name if Different from DBA: _____
6. Company/Corporate Mailing Address: _____
City: _____ State: ____ Zip Code: _____ 7. Telephone: ____ - ____ - ____
8. Name of Owner/Manager: _____ 9. Telephone: ____ - ____ - ____
9. Nature of Business (i.e., restaurant, deli, tavern, etc.): _____
10. Estimated Annual Sales Subject to Food & Beverage Tax: _____
11. FEIN/SS#: _____ 12. IBT#: _____
13. Name of Food & Beverage Tax Return Preparer: _____ 14. Phone: ____ - ____ - ____
15. Frequency of Filing Illinois Department of Revenue Form ST-1:
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

Remit to: Village of Gurnee
Attention: Revenue Collection
325 N. O'Plaine Road
Gurnee, IL 60031
Phone: 847.599.7500