



Hotel/Motel 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. Phone: ____ - ____ - ____
8. Name of Owner/Manager: _____ 9. Phone: ____ - ____ - ____
10. Nature of Business (i.e., hotel, motel, B&B, etc.): _____
11. Estimated Annual Sales Subject to Hotel/Motel Tax: _____
12. FEIN/SS#: _____ 13. IBT#: _____
14. Name of Hotel/Motel Tax Return Preparer: _____ 15. Phone: ____ - ____ - ____

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