



# FOOD & BEVERAGE TAX REGISTRATION FORM

1. \_\_\_\_\_ Business Telephone \_\_\_\_\_

Business Location Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

\_\_\_\_\_ **Date Open for Business**

2. \_\_\_\_\_ Corporate Telephone \_\_\_\_\_

Mailing Address (Company/Corporate) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
**(Must be different than Business Location Address)**

3. \_\_\_\_\_ Owner Telephone \_\_\_\_\_  
**(Must be different than business phone #)**

Owner Driver License Number **(Required)** \_\_\_\_\_ E-Mail Address \_\_\_\_\_

4. Nature of Business: (i.e. restaurant, tavern, liquor store, etc.) \_\_\_\_\_

Check any which applies to your business location:

- Liquor (On-premise consumption)
- Packaged Liquor
- Food and non-alcoholic beverages

5. Estimated Annual Sales Subject to Food & Beverage Tax: \_\_\_\_\_

6. Illinois Retailer Occupation Tax Number (IBT): \_\_\_\_\_

7. Federal Taxpayer ID Number: \_\_\_\_\_

8. Name of Food and Beverage Tax Return Preparer: \_\_\_\_\_

Preparer's Telephone: \_\_\_\_\_

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 Downers Grove  
 801 Burlington Avenue  
 Downers Grove, IL 60515  
**Attn:** Finance Dept., Food & Beverage Tax  
**Phone:** 630-493-8875/ **Fax:** 630-434-5571  
**Email:** Foodandbeveragetax@downers.us