



City of Elmhurst

Food And Beverage Tax Registration Form

1. Business Information:

Name of Business (DBA): _____

Business Phone: _____ Business Email: _____

Business Address: _____ Elmhurst, IL 60126

Date Opened for Business: _____

2. Corporate Information:

Corporate Name: _____

Corporate Address: _____ City: _____

State: _____ ZIP: _____ Phone: _____

3. Owner/Manager Information (if different from above):

Name of Owner/Manager: _____ Phone: _____

Owner/Manager Email: _____

4. Nature of Business (i.e. restaurant, bakery, grocery): _____

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

6. Illinois Retailer Occupation Tax Number (IBT): _____

7. Federal Taxpayer Number or Social Security Number: _____

8. Name of Food & Beverage Tax return Preparer: _____

Preparer Phone: _____ Preparer Email: _____

I declare that I have examined this registration form, and to the best of knowledge, the information entered on the form is true, correct, and complete.

Signature of Applicant

Date

Please return completed form to:

City of Elmhurst
Finance Department
209 N York St.
Elmhurst, IL 60126
Phone: 630-530-3000 | Fax: 630-530-6403

Form also available at www.elmhurst.org