

Prepared Food and Beverage Tax REGISTRATION FORM



1. Business Information

Name of Business (DBA): _____ Business Telephone: _____

Business Location Address: _____ Deerfield, IL 60015

Date Open(ed) for Business: _____ Business Email: _____

2. Corporate Information (if different from DBA)

Company/Corporate Name: _____

Corporate Telephone: _____

Company/Corporate Mailing Address: _____
City State Zip

3. Owner Information

Name of Owner or Manager: _____

Owner Telephone: _____
(must be different than business phone #)

Owner Email Address: _____

4. Nature of Business (i.e. restaurant, deli, bakery, tavern, 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: _____

Preparer's Telephone: _____

Preparer's Email Address: _____

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

Signature of Applicant

Date

Return completed form prior to opening to:

**Village of Deerfield
Food and Beverage Tax Returns
850 Waukegan Road
Deerfield, Illinois 60015**