



# FOOD AND BEVERAGE TAX REGISTRATION FORM

### 1. Business Information

Name of Business (DBA): \_\_\_\_\_ Business Telephone: \_\_\_\_\_

Location Address: \_\_\_\_\_, Vernon Hills, Illinois 60061

Date Opened for Business: \_\_\_\_\_ Business E-Mail: \_\_\_\_\_

### 2. Corporate Information (if different from above)

Corporate Name: \_\_\_\_\_ Corporate Telephone: \_\_\_\_\_

Corporate Address: \_\_\_\_\_  
City State Zip

### 3. Owner Information

Name of Owner/Manager: \_\_\_\_\_ Owner Telephone: \_\_\_\_\_

Owner E-Mail Address: \_\_\_\_\_

4. Nature of Business (i.e. restaurant, bakery, grocery store): \_\_\_\_\_

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

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

7. Federal Taxpayer Number or Social Security Number: \_\_\_\_\_

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

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

Preparer's E-mail 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

*Please return completed form to:* **Village of Vernon Hills  
Food and Beverage Tax Returns  
290 Evergreen Drive  
Vernon Hills, Illinois 60061  
Fax: 847-367-0880 | Phone: 847-367-3700**