



# CITY OF OAKBROOK TERRACE

17W 275 Butterfield Road  
Oakbrook Terrace IL 60108  
(630) 941-8300  
FAX (630) 941-7254  
www.oakbrookterrace.net  
Attn: City Treasurer

## Places for Eating & Alcoholic Beverage Tax Registration

### Business Information

Business Name \_\_\_\_\_  
Business Address \_\_\_\_\_ Phone Number \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
IL Sales Tax ID # \_\_\_\_\_ Federal Tax ID # \_\_\_\_\_

### Owner Information

Please select one:  Sole Owner  Partnership  Corporation  
Owner Name \_\_\_\_\_ Owner Phone \_\_\_\_\_  
Owner Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Owner Email \_\_\_\_\_

For a Partnership or Corporation, please provide the legal name if different from business name

**Please thoroughly read the Places for Eating Tax Ordinance before completing the remainder of this registration**

Is your business responsible for payment of the Places for Eating Tax?

Yes  No

If not, please provide explanation \_\_\_\_\_  
\_\_\_\_\_

How often do you currently file an Illinois Sales Tax Return?

Monthly  Quarterly  Annually

Under penalties as provided by law, I declare that to the best of my knowledge and belief, the information on this form is true, correct, and complete.

---

Signature

---

Printed Name

---

Title

---

Date