



# CITY OF OAKBROOK TERRACE

17W275 Butterfield Road  
Oakbrook Terrace IL 60181  
(630) 941-8300  
FAX (630) 617-0036  
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.

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Signature

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Printed Name

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Title

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Date