

**VILLAGE OF WILLOWBROOK**  
**835 MIDWAY DRIVE**  
**WILLOWBROOK, IL 60527**  
**(630) 323-8215**

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**REGISTRATION – PLACES FOR EATING TAX**

Business Name: \_\_\_\_\_

Doing Business As: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone #\_\_\_\_\_

FEIN: \_\_\_\_\_ IL Sales Tax #\_\_\_\_\_

**Please review the Summary and the Places for Eating Tax Ordinance that is attached before answering the following questions:**

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

Yes \_\_\_\_\_ No \_\_\_\_\_

If **Question 1** is answered “**No**”, please complete Question 2, sign the registration and return to the address above.

If **Question 1** is answered “**Yes**”, skip Question 2, complete rest of registration, sign and return registration to the address above. The Village will mail the required Places for Eating Tax Return to the Mailing Address below.

2. Please list reason(s) why you believe your business is not liable for collection and payment of the Places for Eating Tax:

\_\_\_\_\_

**Mailing Name:** \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone #\_\_\_\_\_

Date Business Commenced (or is anticipated to commence): \_\_\_\_\_

Current frequency of filing 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 \_\_\_\_\_ Printed Name & Title \_\_\_\_\_ Date \_\_\_\_\_