

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

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.

Signature _____ Printed Name & Title _____ Date _____