

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

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**REGISTRATION FORM – AMUSEMENT TAX**

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

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

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

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

FEIN: \_\_\_\_\_

**Please review the Amusement Tax Ordinance(s) before answering the following questions:**

1. Is your business responsible for payment of the Amusement 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 Amusement 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 Amusement Tax:

  

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

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

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

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

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

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Date