

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

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**REGISTRATION FORM – MUNICIPAL HOTEL TAX**

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

Doing Business as: \_\_\_\_\_

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

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

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

1. Does your business furnish sleeping or lodging accommodations for more than twelve (12) guests?  
\_\_\_\_\_
2. If so, how many rooms \_\_\_\_\_ how many guests \_\_\_\_\_ ?
3. Is your business registered with the Village of Willowbrook? \_\_\_\_\_
4. What is your current business license number? \_\_\_\_\_

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

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

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

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 & Title

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Date