



# Naperville

## FOOD & BEVERAGE TAX REGISTRATION FORM

1. \_\_\_\_\_ Business Telephone \_\_\_\_\_

Business Location Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

\_\_\_\_\_ **Date Open for Business**

2. \_\_\_\_\_ Corporate Telephone \_\_\_\_\_

Mailing Address (Company/Corporate) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**(Must be different than Business Location Address)**

3. \_\_\_\_\_ Owner Telephone \_\_\_\_\_

**(Must be different than business phone #)**

Owner Driver License Number **(Required)** \_\_\_\_\_ E-Mail Address \_\_\_\_\_

4. Nature of Business: (i.e. restaurant, deli, tavern, etc.) \_\_\_\_\_

5. Estimated Annual Sales Subject to Food & Beverage Tax: \_\_\_\_\_

6. Illinois Retailer Occupation Tax Number (IBT): \_\_\_\_\_

7. Federal Taxpayer ID Number or Social Security Number: \_\_\_\_\_

8. Name of Food and Beverage Tax Return Preparer: \_\_\_\_\_

Preparer's Telephone: \_\_\_\_\_

9. Frequency of Filing Illinois Department of Revenue Form ST-1

Monthly  Semi-annually

Quarterly  Annually

I declare that I have examined this registration form, and to the best of my knowledge, the information entered on this form is true, correct, and complete.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

*Please return the completed form to:*

**City of Naperville  
400 S. Eagle Street  
Naperville, IL 60540**

**Attn: Finance Dept., Food & Beverage Tax**

**Phone: 630-420-4115**

**Fax: 630-305-6226**