



# Naperville

## HOTEL/MOTEL TAX REGISTRATION FORM

1. \_\_\_\_\_ Telephone Number \_\_\_\_\_

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

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

2. \_\_\_\_\_ Telephone Number \_\_\_\_\_

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

3. \_\_\_\_\_ Telephone Number \_\_\_\_\_

Owner Driver License Number \_\_\_\_\_ E-Mail Address \_\_\_\_\_

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

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

8. Name of Preparer: \_\_\_\_\_

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

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., Hotel/Motel Tax**  
**Phone: 630-420-4115**  
**Fax: 630-305-6226**