



**VILLAGE OF VILLA PARK
PLACES FOR EATING TAX
20 S. ARDMORE AVE.
VILLA PARK, IL 60181
(630) 834-8500**

REGISTRATION FORM - PLACES FOR EATING TAX

Business Name:	Business Location Address:	Business Phone Number:
Mailing Address (if different from business location):	City, State, Zip	
Owner's Name:	Owner's Home Phone Number:	
Owner's Home Address:	City, State, Zip	
Owner's E-Mail Address		
Emergency Contact:	Emergency Contact Phone Number:	
IL Sales Tax #:	Date Business Commenced:	
Federal Tax ID#:	Type of Ownership (Sole Owner, Ptnsp, Corp):	
If a Corporation or Partnership, give legal name if other than business name:		
Corporation or Partnership Address:		
Corporation or Partnership E-Mail Address:		

Please review the Summary and the Places for Eating Tax Ordinance that are 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 the rest of the registration, sign and return to the address above. The Village will mail the required Tax Return to your Mailing Address listed above.

2. Please list reason(s) why you believe your business is not liable for collection and payment of the Places for Eating Tax:

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