



Village of Glendale Heights Food and Beverage Tax Registration Form

SECTION A:

Business Name:		
Street Address:		Glendale Heights, IL
Zip Code:	Telephone #:	Fax #:

SECTION B:

Owners Name:	Managers Name (if different):
Local Agent Name or Title:	

SECTION C: (if different from above)

Corporate Name:		
Mailing Address:		
City:	State:	Zip Code:
Telephone #:	Fax #:	

SECTION D:

Type of Business (i.e. restaurant, etc.):		
Form of Business:	Sole Proprietorship_____	Partnership_____ Corporation_____
FEIN#:	Illinois Retailer Occupation Tax #:	
Frequency for Filing Illinois ST-1: Monthly_____ Quarterly_____ Semi-Annually_____ Annually_____		

SECTION E:

I hereby 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 Owner or Officer

Title

Date

Printed Name of Owner or Officer

Please return this completed form to:	Village of Glendale Heights, Finance Department – Food and Beverage Tax, 300 Civic Center Plaza, Glendale Heights, IL 60139
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