



CITY OF COUNTRYSIDE
RESTAURANT & OTHER PLACES FOR EATING TAX
REGISTRATION FORM

Name of Business (DBA)

Telephone Number

Business Location Address

City

State

Zip Code

Date Open for Business

Company/Corporate Name if Different from DBA

Telephone Number

Mailing Address (Company/Corporation)

City

State

Zip Code

Name of Owner or Manager

Telephone Number

Name of Tax Return Preparer:

Telephone Number

Nature of Business (i.e. restaurant, deli, bar, etc.):

Estimated Annual Sales Subject to Food & Beverage Tax:

Illinois Retailer Occupation Tax Number (IBT):

Federal Taxpayer ID Number or Social Security Number:

Frequency of Filing IL Department of Revenue Form ST-1 (Monthly, Quarterly, etc.)

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

Return the completed form to:

City of Countryside
5550 East Avenue
Countryside, IL 60525
Attn: Finance Department
708-485-2462

Revised 7/31/09