

CITY OF DECATUR

Food and Beverage Tax Registration Form

Business DBA Name

Location Address

**

City

State

Zip

Phone Number

Fax

Illinois Business Tax (IBT) #

Date Opened

Corporate/Partnership Name and address if different from above:

Corp/Partnership Name

Mailing Address

City

State

Zip

Phone Number

Fax

Type of Organization

Sole Proprietorship
Partnership

Corporation
Other (specify)

Owner (s), Corporate Officers, or Partners:

Name

Title

Address

**Multiple location address listing

Store name/address

Phone

Location Manager

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 of Applicant

Date

Name and title

Mail completed form to:

City of Decatur

Auditor

#1 Gary K. Anderson Plaza

Decatur, IL 62523