

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	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Corporation
	<input type="checkbox"/> Partnership	<input type="checkbox"/> 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

Print name and title

Mail completed form to:
City of Decatur
Auditor
#1 Gary K. Anderson Plaza
Decatur, IL 62523