



VILLAGE OF BROOKFIELD

Places for Eating Tax | Registration

Business Information

Business Name _____

Business Address _____ Phone Number _____

Mailing Address _____

City/State/Zip _____

IL Sales Tax ID # _____ Federal Tax ID # _____

Owner Information

Please select one: Sole Owner Partnership Corporation

Owner Name _____ Owner Phone _____

Owner Address _____

City/State/Zip _____

Owner Email _____

For a Partnership or Corporation, please provide the legal name if different from business name

Please thoroughly read the Places for Eating Tax Ordinance before completing the remainder of this registration

Is your business responsible for payment of the Places for Eating Tax?

Yes No

If not, please provide explanation _____

How often do you currently file an 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 _____