



WAUKEGAN

City of Progress *Illinois*

Food & Beverage Tax Registration

1. Name of Business (DBA) _____ Telephone _____

Business Location Address _____ City _____ State _____ Zip Code _____

2. Company/Corporate Name if Different from DBA _____ Telephone _____

Mailing Address (Company/Corporate) _____ City _____ State _____ Zip Code _____

3. Name of Owner or Manager _____ Telephone _____

4. Nature of Business: (i.e. restaurant, hotel, motel, park, etc.) _____

5. Estimated Annual Sales Subject to Local Taxes: _____

6. Illinois Retailer Occupation Tax Number (IBT): _____

7. Federal Taxpayer ID Number: _____

8. Name of Tax Return Preparer: _____

_____ E-Mail

_____ Telephone

9. Frequency of Filing Illinois Department of Revenue Form ST-1 Monthly Yearly
 Quarterly

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

You may now file your Monthly or Quarterly Returns online at:
<https://www.waukeganil.gov/323/Food-and-Beverage-Tax-Information>

Please return the completed form to:

Via Email (Please add: Food and Beverage in Subject):

The City of Waukegan
foodbeveragetax@waukeganil.gov

Via Fax (Attn: Finance)

Ph: 847-599-2540 Fax: 847-249-5296

Via Regular Mail

City of Waukegan
Attn: Finance Department
100 Martin Luther King Jr., Avenue
Waukegan, IL 60085