



Hotel Motel Room Use Tax Registration

1. _____
Name of Hotel/Motel (DBA) Telephone

Hotel/Motel Location Address City State Zip

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

Hotel/Motel Mailing Address City State Zip

3. _____
Name of Owner or Manager Telephone

4. Estimated Annual Sales Subject to Local Taxes: _____

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

6. Federal Taxpayer ID Number (FEIN): _____

7. Name of Tax Return Preparer: _____

E-Mail Address Telephone

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/formcenter/financial-services-4/hotel-motel-room-use-tax-return-111>

E-Mail: foodbeveragetax@waukeganil.gov
Phone#: (847) 599-2540
Fax#: (847) 599-2584

Please return the completed form to:
The City of Waukegan
Attn: Licensing Department
100 N. Martin Luther King Jr., Ave
Waukegan, IL 60085