

Hotel Motel Room Use Tax Registration

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

_____ City _____ State _____ Zip _____
 Hotel/Motel Location Address

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

_____ City _____ State _____ Zip _____
 Hotel/Motel Mailing Address

3. _____ Telephone _____
 Name of Owner or Manager

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: _____

_____ 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

Via Regular Mail:

Please return the completed form to:

The City of Waukegan
 Attn: Licensing Department
 100 N Martin Luther King Jr., Ave
 Waukegan, IL 60085

Via Fax (Attn: Licensing):

(847) 599-2584