



City of Waukegan

100 N. Martin Luther King Jr. Avenue
Waukegan, Illinois 60085
www.waukeganweb.com
(847) 599-2500

Food & Beverage Tax Registration

1. _____ Telephone _____

Business Location Address _____ City _____ State _____ Zip Code _____

2. _____ Telephone _____

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

3. _____ 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: _____

Telephone _____

9. Frequency of Filing Illinois Department of Revenue Form ST-1 Monthly
 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:
www.waukeganil.gov

Please return the completed form to:

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

Via Fax (Attn: Finance)

Via Regular Mail

The City of Waukegan
foodbeveragetax@waukeganil.gov
Ph: 847-599-2540 Fax: 847-249-5296
City of Waukegan
Attn: Finance Department
100 Martin Luther King Jr., Avenue
Waukegan, IL 60085