CITY OF DEKALB
APPLICATION FOR REGISTRATION
RESTAURANT, BAR, AND PACKAGE LIQUOR TAX

This form is to be used by businesses (registrants) with the City of DeKalb for payment of Restaurant, Bar, and Package Liquor Tax as required by Chapter 60, "Restaurant, Bar, and Package Liquor Tax" of the Municipal Code of the City of DeKalb (Ord. 90-55).

When completed, mail this form to:

City of DeKalb
164 E Lincoln Highway
DeKalb, IL 60115

For taxpayer assistance, call:
(815) 748-2388 fax (815) 748-2304
Monday - Friday 8:00 – 5:00
susan.hauman@cityofdekalb.com

1) Applicant Name ("D/B/A"): _____

Address: _____ Telephone:_____

City:_____ State:_____ Zip:_____

2) Applicant's Corporation Name: _____

Registered Agent Name_____

Billing Address (If Different From #1): _____

City:_____ State:_____ Zip:_____

Telephone: ( )_____ Email: _____

3) Illinois Retail Occupation Tax Number [IBT#] _____

Federal Employer IDS (FEIN) _____

Type of Business: _____

4) What is your filing status with the State of Illinois (e.g., monthly, quarterly, etc.)_____

5) Date business commenced sales within **City of DeKalb** (mo/ day /yr): _____

6) Registrant's type of business organization:

( ) Sole Proprietorship ( ) Partnership

( ) Other ( ) Corporation

7) Registrant's owner(s), corporate officers, or general partners:

Title	Name	Residence Address	Date of Birth
Title	Name	Residence Address	Date of Birth
Title	Name	Residence Address	Date of Birth

8) Name of Manager , if owner is not on premises._____

Telephone: (_____) _____

9) Person who will be responsible for submitting Restaurant & Bar Tax returns to the City of DeKalb.

Name:_____Title:_____

Address:_____Telephone:(_____)_____

City:_____State:_____Zip:_____

Email address_____

Note: The City's filing status for the Restaurant, Bar, and Package Liquor Tax will be the same as that for the State of Illinois. Therefore, it is **mandatory** that you inform the City when your State of Illinois filing status changes.

10) Under penalty as provided by law, which includes a fine, imprisonment, or both. I declare that I have examined this registration form, and to the best of my knowledge and belief, the information entered on this form is true, correct, and complete.

Date _____ _____

Signature

_____

Printed Name