

**VILLAGE OF PEORIA HEIGHTS, ILLINOIS
RESTAURANT/TAVERN TAX APPLICATION FOR REGISTRATION AND LICENSE**

Business/ Trade Name: _____ **Local Phone #: ()** _____
Street City State Zip Code

Location Address: _____ **Peoria Heights IL** _____
Street City State Zip Code

Mailing Address:
(If other than above) _____

Number of business sites within the Village of Peoria Heights: _____

List each site individually. Use additional sheets if necessary.

<u>Business Site Name</u>	<u>Address</u>

State of Illinois IBT# _____ **FEIN:** _____
(Sales tax number):

Type of Ownership
(Circle one): Sole Proprietorship Corporation Partnership Other: _____

If Corporation:

Corporate name: _____

Date of incorporation: ____/____/____ **State of incorporation:** _____

Address of corporate offices: _____

Are you authorized to do business in the State of Illinois? _____

Name and address of Illinois registered agent:

List owner, corporate officers or general partners: (Use additional sheets if necessary.)

<u>Name</u>	<u>Title</u>	<u>Residential Address</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Person who will be submitting tax returns:

<u>Name</u>	<u>Title</u>	<u>Business Address</u>
_____	_____	_____

Fax Number: () Phone number: () E-Mail Address: _____

Date first taxable sale was made or
date first taxable sale is anticipated to be made: _____

I declare that I have examined this form, and to the best of my knowledge and belief, the information entered on this form is true, correct and complete.

Signature of owner or officer empowered
to sign for partnership of corporate entity

Date

Print or type name signed above

When completed, mail or deliver this form to:

Village of Peoria Heights
Village Clerk
4901 North Prospect Road
Peoria Heights, IL 61616

For taxpayer assistance, please call:

(309) 686-2385