CITY OF URBANA FOOD/BEVERAGE TAX REGISTRATION

BUSINESS NUMBER: (Assigned by City of Urbana)

BUSINESS NAME: _____

MAILING ADDRESS: _____

_____

_____

CONTACT PERSON: _____

TELEPHONE NUMBER: _____

EMAIL ADDRESS: _____

ILLINOIS DEPARTMENT OF REVENUE REGISTRATION NUMBER: _____

DATE BUSINESS STARTED AT THIS LOCATION : _____

ADDRESS OF BUSINESS SITE IF DIFFERENT THAN ABOVE:

_____

_____

REMITTANCE PERIOD: MONTHLY QUARTERLY ANNUALLY OTHER

TYPE OF ORGANIZATION:
( ) SOLE PROPRIETORSHIP
( ) PARTNERSHIP
( ) CORPORATION
( ) OTHER (SPECIFY) _____

OWNER(S), CORPORATE OFFICERS, OR PARTNERS:

NAME	TITLE	ADDRESS

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

_____

Signature of Officer Empowered to Sign Date