

VILLAGE OF HOFFMAN ESTATES

1900 Hassell Road
Hoffman Estates, IL 60169
(847) 843-4805

FOOD AND BEVERAGE TAX REGISTRATION

1. Business Name:		Phone:
Address:	City: Hoffman Estates	State, Zip:
2. Mailing Name:		Phone:
Address:	City:	State, Zip:
3. Name of Owner or Manager:		Phone:
Address:	City:	State, Zip:
4. Nature of Business:		
5. Type of Business Organization: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other (Specify: _____)		
6. Illinois Retailer Occupation Tax No.: _____		
7. Federal Taxpayer ID No. or Social Security No.: _____		
8. Name & address of person preparing Food & Beverage Tax Return:		Phone:
9. Frequency of filing Illinois Dept of Revenue Form ST-1: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semiannually <input type="checkbox"/> Annually		
10. Date of first taxable sales:		

I declare that the statements contained herein are true and correct to the best of my knowledge.

Signature of Owner/Manager

Date