



VILLAGE OF WHEELING
2 COMMUNITY BOULEVARD
WHEELING, IL 60090
(847) 459-2600

REGISTRATION - RESTAURANT AND OTHER PLACES FOR EATING TAX

Business Name: _____
Doing Business As: _____
Address: _____
City/State/Zip: _____ Phone # _____
FEIN: _____ IL Sales Tax # _____
Email: _____

Please review the Summary and the Restaurant and Other Places for Eating Tax Ordinance that is attached before answering the following questions:

1. Is your business responsible for payment of the Restaurant and Other Places for Eating Tax?
Yes _____ No _____
If **Question 1** is answered “No”, please complete Question 2, sign the registration and return to the address above.

If **Question 1** is answered “Yes”, skip Question 2, complete rest of registration, sign and return registration to the address above. The Village will mail the required Restaurant and Other Places for Eating Tax Return to the Mailing Address below.

2. Please list reason(s) why you believe your business is not liable for collection and payment of the restaurant and Other Places for Eating Tax

Mailing Name:

Address: _____

City/State/Zip: _____ Phone # _____

Date Business Commenced (or is anticipated to commence): _____

Current frequency of filing Illinois Sales Tax Return: _____

Monthly _____ Quarterly _____ Annually _____

Under penalties as provided by law, I declare that to the best of my knowledge and belief, the information on this form is true, correct and complete.

Signature Printed Name & Title

Date