

# CITY OF GALENA, ILLINOIS



## Amusement Tax License Registration Form

Name of Business (DBA): \_\_\_\_\_

Name of Owner/Operator/President: \_\_\_\_\_

Business Location Address: \_\_\_\_\_

Date business opened or date of event: \_\_\_\_\_

Company/Corporate Name (if different from: DBA): \_\_\_\_\_ Phone #: \_\_\_\_\_

Mailing Address (Company/Corporate): \_\_\_\_\_

Name of Owner or Manager: \_\_\_\_\_

Nature of Business (i.e. tours, theater, sporting events, etc.): \_\_\_\_\_

Estimated annual sales subject to amusement tax: \_\_\_\_\_

Federal Taxpayer ID #: \_\_\_\_\_

Name of Amusement Tax Preparer: \_\_\_\_\_

Phone # of Preparer: \_\_\_\_\_

Email Address of Preparer: \_\_\_\_\_

The undersigned certifies that the information set forth in this return is true and accurate to the best of his/her knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

### City of Galena Use Only

Date Received: \_\_\_\_\_ Received By: \_\_\_\_\_

License #: \_\_\_\_\_