

CITY OF GALENA, ILLINOIS



Food Beverage Tax – Registration Form

Name of Business (DBA): _____

Name of Owner/Operator/President: _____

Business Address: _____

Date business opened at this location: _____ Phone #: _____

Company/Corporate Name (if different from DBA): _____

Mailing Address (Company/Corporate): _____

Name of Owner or Manager: _____

Nature of Business (i.e. restaurant, deli, tavern, etc.): _____

Estimated annual sales subject to food and beverage tax: _____

Illinois Business Tax # (IBT): _____

Name of Food and Beverage Tax Preparer: _____

Phone # of Food and Beverage Tax Preparer: _____

Email Address of Food and Beverage Tax Preparer: _____

The undersigned certifies that the information set forth in this return is true and accurate to the best my knowledge.

Signature

Title

Date

Please return the completed form to:

Food and Beverage Tax Registration
City of Galena
P.O. Box 310
Galena, Illinois 61036

City of Galena Use Only

Date Received: _____ Received By: _____

Registration #: _____