

CITY OF GALENA, ILLINOIS

101 Green Street, PO Box 310, Galena, Illinois 61036



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 #: _____