



# Village of Chicago Ridge

10455 S. Ridgeland Ave • Chicago Ridge, Illinois 60415 • (708) 425-7700

## Food & Beverage Tax Registration Form

1. \_\_\_\_\_ Business Telephone \_\_\_\_\_  
 \_\_\_\_\_  
 Business Location Address \_\_\_\_\_  
 \_\_\_\_\_  
 Date Open for Business \_\_\_\_\_
2. \_\_\_\_\_ Corporate Telephone \_\_\_\_\_  
 \_\_\_\_\_  
 Mailing Address (Company/Corporate) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 (Must be different than Business Location Address)
3. \_\_\_\_\_ Owner Telephone \_\_\_\_\_  
 Name of Owner or Manager \_\_\_\_\_  
 (Must be different than Business Phone)
4. Nature of Business (i.e restaurant, deli, tavern, etc.): \_\_\_\_\_
5. Estimated Annual Sales Subject to Food & Beverage Tax: \_\_\_\_\_
6. Illinois Retailer Occupation Tax Number (IBT): \_\_\_\_\_
7. Federal Taxpayer ID Number or Social Security Number: \_\_\_\_\_
8. Name of Food & Beverage Tax Return Preparer: \_\_\_\_\_  
 Preparer's Telephone: \_\_\_\_\_
9. Frequency of Filing Illinois Department of Revenue Form ST-1  
 Monthly                       Semi-Annually  
 Quarterly                       Annually

I declare that I have examined this registration form, and to the best of my knowledge, the information entered on this form is true, correct and complete.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

*Please return the completed form to:*

**Village of Chicago Ridge  
10455 S. Ridgeland Avenue  
Chicago Ridge, IL 60415**

**Phone: (708) 425-7700  
Fax: (708) 425-9942**