



VILLAGE OF GLENCOE

PLACES FOR EATING TAX

675 Village Court, Glencoe, Illinois 60022
p: (847) 835-4113 | finance@villageofglencoe.org | Follow Us: @VGlencoe

www.villageofglencoe.org

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Registration Form

Section A: Business Information

Name of Business (DBA): _____ Business Phone: _____

Location Address: _____ Glencoe, Illinois 60022

Date Opened for Business: _____ Business E-mail: _____

Section B: Corporate Information (if different from above)

Corporate Name: _____ Corporate Phone: _____

Corporate Address: _____ City _____ State _____ Zip _____

Section C: Owner Information

Name of Owner/Manager: _____ Owner Phone: _____

Owner E-mail: _____

Section D: Additional Information

Nature of Business (i.e. restaurant, bakery, grocery store): _____

Estimated Annual Sales Subject to Places for Eating Tax: _____

Illinois Retailer Occupation Tax Number (IBT): _____

Federal Taxpayer Number or Social Security Number: _____

Name of Places for Eating Tax Return Preparer: _____

Preparer's Phone: _____ Preparer's E-mail: _____

Section E: Acknowledgement and Signature

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

Signature of Applicant: _____ Date: _____

Please return completed form to:

Village of Glencoe, Finance Department, Places for Eating Tax, 675 Village Court, Glencoe, Illinois 60022