

**CITY OF PROSPECT HEIGHTS
PLACES FOR EATING TAX
8 N. ELMHURST ROAD
PROSPECT HEIGHTS, IL 60070
(847) 398-6070**

REGISTRATION – PLACES FOR EATING TAX

Business Name:	Business Location Address:	Business Phone Number:
Mailing Address (if different from business location)	City, State and Zip	
Owner's Name	Owner's Home Phone Number	
Owner's Home Address	City State and Zip	
Owner's Email Address:		
Emergency Contact:	Emergency Contact Phone Number:	
IL Sales Tax #:	Date Business Commenced:	
Federal Tax ID #:	Check One: <input type="checkbox"/> Sole Owner <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation	
If a Corporation or Partnership, give legal name if other than business name:		
Corporation or Partnership Address		
Corporation or Partnership Email Address		

Please review the Summary and the Places for Eating Tax Ordinance that are attached before answering the following questions:

1. Is your business responsible for payment of the Places for Eating Tax? Yes _____ No _____

If **Question 1** is answered “No”, please complete Question 2, sign the registration and return to the address above.

If **Question 1** is answered “Yes”, skip Question 2, complete rest of registration, sign and return registration to the address above. The City will mail the required Places for Eating Tax Return to the Mailing Address above.

2. Please list reason(s) why you believe your business is not liable for collection and payment of the Places for Eating Tax:

Current frequency of filing Illinois Sales Tax Return: Monthly _____ Quarterly _____ Annually _____

Under penalties as provided by law, I declare that to the best of my knowledge and belief, the information on this form is true, correct and complete.

Signature

Printed Name & Title

Date