



VILLAGE OF WHEELING
2 COMMUNITY BOULEVARD
WHEELING, IL 60090
(847) 459-2600

REGISTRATION - RESTAURANT AND OTHER PLACES FOR EATING TAX

(Form available online at www.wheelingil.gov)

Business Name: _____
Doing Business As: _____
Address: _____
City/State/Zip: _____ Phone # _____
FEIN: _____ IL Sales Tax # _____
Email: _____
Date Business Commenced (or is anticipated to commence): _____

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

1. Is your business responsible for payment of the Restaurant and Other 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 Village will mail the required Restaurant and Other Places for Eating Tax Return to the Mailing Address below.

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

3. Please provide contact information for the business or individual responsible for submitting your Illinois Sales Tax Return forms and Restaurant and Eating Tax forms and payments (if different from above):

Mailing Name: _____
Address: _____
City/State/Zip: _____ Phone # _____

4. What is your current frequency of filing Illinois Sales Tax Return?
(The Restaurant tax is due monthly, regardless of frequency):

Monthly _____ Quarterly _____ Annually _____

5. 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