

Village of South Barrington
**Theater Amusement Tax
 Registration Form**

Business Name		Phone (at Business location)	
Location Address	City	State	Zip
Mailing Address	City	State	Zip
Name of Owner		Business Phone	
Business Address	City	State	Zip
Name of Manager		Business Phone	
Nature of Business			
Type of Business Organization:			
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Corporation	<input type="checkbox"/> Other - Specify	
Illinois Retailer Occupation Tax Number:			
Federal Taxpayer ID Number:			
Individual who will prepare Theater Amusement Tax Returns: Name		Phone	
Address		Fax	
City/State/Zip		E-Mail	
Attach to this form:			
<ul style="list-style-type: none"> • Illinois Business Registration Application Form REG 1 and attachments 		<ul style="list-style-type: none"> • Illinois Business Tax Number notification from Illinois Department of Revenue 	
I declare that the statements contained herein are true and correct to the best of my knowledge.			
_____		_____ Date: _____	
Signature of Owner/Manager/Authorized Agent		Print or Type Name	

Approved by the Village of South Barrington:	
_____	Date: _____
Signature and Title	<input type="checkbox"/> Certificate of Occupancy Issued

Return to:
Village of South Barrington, Attn: Treasurer Office, 30 S. Barrington Rd, South Barrington, IL 60010