

Village of South Barrington

Amusement Tax Registration Form

Business Name		Business Phone		Email
Location Address	City	State	Zip	
Mailing Address	City	State	Zip	
Name of Owner		Phone		Email
Business Address	City	State	Zip	
Name of Manager		Phone		Email
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 Amusement Tax Returns:			Phone	
Name			Fax	
Address			E-Mail	
City/State/Zip				
Attach to this form:				
• Illinois Business Registration Application Form REG 1 and attachments		• 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.				
_____ Signature of Owner/Manager/Authorized Agent		_____ Print or Type Name		Date: _____
Approved by the Village of South Barrington:				
_____ Signature and Title			Date: _____	

Return to:

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