



Finance Department • 102 N Neil St • Champaign IL 61820 • (217) 403-8940 • fax (217) 403-8995 • www.ci.champaign.il.us

## FOOD & BEVERAGE TAX - BUSINESS REGISTRATION

BUSINESS NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

ILLINOIS DEPARTMENT OF REVENUE REGISTRATION NUMBER: \_\_\_\_\_ - \_\_\_\_\_

PUBLIC HEALTH DISTRICT/CITY OF CHAMPAIGN  
FOOD SERVICE LICENSE:

\_\_\_\_\_ TYPE

\_\_\_\_\_ NUMBER

ADDRESS OF BUSINESS SITE IF DIFFERENT THAN ABOVE:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DATE BUSINESS STARTED AT THIS LOCATION: \_\_\_\_\_

TYPE OF ORGANIZATION: \_\_\_\_\_ SOLE PROPRIETORSHIP \_\_\_\_\_ PARTNERSHIP  
\_\_\_\_\_ CORPORATION \_\_\_\_\_ OTHER (SPECIFY) \_\_\_\_\_

OWNER(S), CORPORATE OFFICERS, OR PARTNERS:

Name	Title	Address
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Name	Title	Address
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UNDER PENALTIES OF PERJURY AS PROVIDED BY LAW, I ATTEST TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE INFORMATION ON THIS FORM IS TRUE, CORRECT AND COMPLETE. THE INFORMATION PROVIDED HERE IS PROPRIETARY COMMERCIAL & FINANCIAL INFORMATION AND DISCLOSURE WOULD CAUSE COMPETITIVE HARM.

\_\_\_\_\_  
Signature of Officer Empowered to Sign

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name & Title