



**CITY OF SYCAMORE**  
**APPLICATION FOR REGISTRATION**  
**RESTAURANT, BAR & PACKAGE LIQUOR TAX**

When completed, submit form to

City of Sycamore  
Finance Department  
308 W State Street  
Sycamore, IL 60178  
[acctrec@cityofsycamore.com](mailto:acctrec@cityofsycamore.com)  
Mon-Fri 8:00 am – 5:00 pm

Applicant's Business Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

**This form is to be used by businesses/registrants with the City of Sycamore for payment of Restaurant, Bar & Package Liquor Tax as required by [Chapter 17, "Restaurant, Bar & Package Liquor Tax"](#) of the Municipal Code of the City of Sycamore. (Ord. 2001.66)**

1) Registrant's Business Name: \_\_\_\_\_

Address of principal business site: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

2) Mailing address of principal business site (if different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

3) Illinois Retail Occupation Tax Number ( IBT# ): \_\_\_\_\_

Federal Employer IDS (FEIN): \_\_\_\_\_

Kind of Business: \_\_\_\_\_

4) What is your filing status with the State of Illinois (e.g. monthly, quarterly, etc.)

**Note: The City's filing status for Restaurant, Bar & Package Liquor Tax will be the same as that of the State of Illinois. Therefore, it is absolutely mandatory that you inform the City when your State filing status changes.**

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5) Date business commenced sales within the City of Sycamore (MM/DD/YY): \_\_\_\_\_

6) Registrant's type of business organization:

☐ Sole Proprietor

☐ Partnership

☐ Other

☐ Corporation

7) Owner's, corporate officers, or business partners:

Names: \_\_\_\_\_

Titles: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Address(es):

Phone(s):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8) Person who will be responsible for submitting restaurant & bar tax returns to the City of Sycamore.

Names: \_\_\_\_\_

Titles: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Email: \_\_\_\_\_

**Under penalty as provided by law, which includes a fine, imprisonment, or both, I declare that I have examined this registration form, and to the best of my knowledge and belief, the information entered here is true, correct, and complete.**

\_\_\_\_\_  
Signature of Registrant or Officer empowered to  
sign for the corporate entity

Date: \_\_\_\_\_

\_\_\_\_\_  
Print name above

**Payment due by the 20<sup>th</sup> of each month with copy of ST-1 Sales Tax Form**