



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
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 ID (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 20th of each month with copy of ST-1 Sales Tax Form