CITY OF URBANA FOOD/BEVERAGE TAX REGISTRATION

BUSINESS NUMBER: ((Assigned by City of Urbana)			
BUSINESS NAME:				
MAILING ADDRESS:				
-				
-				
CONTACT PERSON:				
TELEPHONE NUMBER:				
EMAIL ADDRESS:				
ILLINOIS DEPARTMENT OF RE	VENUE REGISTRATION	n number:		
				
DATE BUSINESS STARTED AT	THIS LOCATION:			
ADDRESS OF BUSINESS SITE I	F DIFFERENT THAN A	BOVE:		
				_
REMITTANCE PERIOD: MONTH	HLY QUARTERLY	ANNUALLY	OTHER	
TYPE OF ORGANIZATION:	() SOLE PRO () PARTNERS		o	
	() CORPORA	() CORPORATION () OTHER (SPECIFY)		
OWNER(S), CORPORATE OFFICE		,		_
NAME	TITLE	ADDR	ESS	
eclare that to the best of my kno	owledge and belief. the	e information	on this form is t	true, correct, and
nature of Officer Empowered to	Sign	Date		_