

**CITY OF DEKALB**  
**APPLICATION FOR REGISTRATION**  
**RESTAURANT, BAR, AND PACKAGE LIQUOR TAX**

This form is to be used by businesses (registrants) with the City of DeKalb for payment of Restaurant, Bar, and Package Liquor Tax as required by Chapter 60, "Restaurant, Bar, and Package Liquor Tax" of the Municipal Code of the City of DeKalb (Ord. 90-55).

When completed, mail this form to:

City of DeKalb  
164 E Lincoln Highway  
DeKalb, IL 60115

*For taxpayer assistance, call:*  
(815) 748-2388 fax (815) 748-2304  
Monday - Friday 8:00 - 5:00  
susan.hauman@cityofdekab.com

1) Applicant Name ("D/B/A"): \_\_\_\_\_

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

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

2) Applicant's Corporation Name: \_\_\_\_\_

Registered Agent Name \_\_\_\_\_

Billing Address (If Different From #1): \_\_\_\_\_

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

Telephone: (      ) \_\_\_\_\_ Email: \_\_\_\_\_

3) Illinois Retail Occupation Tax Number [ IBT# ] \_\_\_\_\_

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

Type of Business: \_\_\_\_\_

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

5) Date business commenced sales within **City of DeKalb** (mo/ day /yr): \_\_\_\_\_

6) Registrant's type of business organization:

(    ) Sole Proprietorship

(    ) Partnership

(    ) Other

(    ) Corporation

7) Registrant's owner(s), corporate officers, or general partners:

Title	Name	Residence Address	Date of Birth

8) Name of Manager , if owner is not on premises. \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_

9) Person who will be responsible for submitting Restaurant & Bar Tax returns to the City of DeKalb.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: (\_\_\_\_\_) \_\_\_\_\_

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

Email address \_\_\_\_\_

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

10) 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 on this form is true, correct, and complete.

Date \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name