

## United City of Yorkville

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## **Places of Eating Tax Registration Form**

## **Business Information Business Name** \_\_ Phone Number **Business Address** Mailing Address City/State/Zip IL Sales Tax ID # Federal Tax ID # **Owner Information** Please select one: Sole Partnership Corporation Owner Owner Name Owner Phone Owner Address City/State/Zip Owner Email For a Partnership or Corporation, please provide the legal name if different from business name Under penalties as provided by law, I declare that to the best of my knowledge and belief, the information on this form is true, correct, and complete. Signature Printed Name Title Date