



City of Darien  
1702 Plainfield Rd  
Darien, IL 60561  
(630) 852-5000

REGISTRATION – FOOD AND BEVERAGE TAX

Business Name: \_\_\_\_\_

Doing Business As: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_ Phone # \_\_\_\_\_

FEIN: \_\_\_\_\_ IL Sales Tax # \_\_\_\_\_

**Please review the Summary and the Food and Beverage Tax Ordinance that is attached before answering the following questions:**

1. Is your business responsible for payment of the Food & Beverage Tax?

Yes \_\_\_\_\_ No \_\_\_\_\_

If **Question 1** is answered “No”, please complete Question 2, sign the registration and return to the address above.

If **Question 1** is answered “Yes”, skip Question 2, complete rest of registration, sign and return registration to the address above. The City will mail the required Food & Beverage Tax Return to the Mailing Address below.

2. Please list reason(s) why you believe your business is not liable for collection and payment of the Food & Beverage Tax:

\_\_\_\_\_

**Mailing Name:** \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_ Phone # \_\_\_\_\_

Date Business Commenced (or is anticipated to commence): \_\_\_\_\_

Current frequency of filing Illinois Sales Tax Return:

Monthly \_\_\_\_\_ Quarterly \_\_\_\_\_ Annually \_\_\_\_\_

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