



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

REGISTRATION FORM – MUNICIPAL HOTEL TAX

Business Name: _____

Doing Business as: _____

Address: _____

City/State/Zip _____ Phone # _____

FEIN: _____ IL Sales Tax # _____

1. Does your business furnish sleeping or lodging accommodations for more than twelve (12) guests? _____
2. If so, how many rooms _____ how many guests _____?
3. Is your business registered with the City of Darien? _____
4. What is your current business license number? _____

Mailing Name: _____

Address: _____

City/State/Zip _____ Phone # _____

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