VILLAGE OF HAMPSHIRE
PLACES FOR EATING TAX
234 S STATE STREET – PO BOX 457
HAMPSHIRE, IL 60140
(847) 683-2181

REGISTRATION - PLACES FOR EATING TAX (effective May 1, 2019)

Business Name:	Business Location Address:	Business Phone Number:
Mailing Address (if different from business location):	City, State and Zip:	
Owner's Name:	Owner's Home Phone Number:	
Owner's Home Address:	City State and Zip:	
Owner's Email Address:		
Emergency Contact:	Emergency Contact Phone Number:	
IL Sales Tax #:	Date Business Commenced:	
Federal Tax ID #:	Check One: Sole Owner Partnership Corporation LLC	
If a Corporation or Partnership or LLC, give **legal name** if other than business name:		
Corporation or Partnership or LLC Address:		
Corporation or Partnership or LLC Email Address:		

Please review the Places for Eating Tax Ordinance that is attached before answering the following questions:

1. Is your business responsible for payment of the Places for Eating 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 remainder of registration, sign and return registration to the address above.

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

   _____

   _____

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 and Title Date