



**VILLAGE OF FOX LAKE  
TAX ON PLACES FOR EATING  
66 Thillen Drive  
Fox Lake, IL 60020  
(847) 587-2151**

**REGISTRATION – TAX ON PLACES FOR EATING**

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: <input type="checkbox"/> Sole Owner <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation		
If a Corporation or Partnership, give <b>legal name</b> if other than business name:					
Corporation or Partnership Address					
Corporation or Partnership Email Address					

**Please review the Summary and the Tax on Places for Eating Ordinance that are attached before answering the following questions:**

1. Is your business responsible for payment of the Tax on Places for Eating? 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 Places for Eating Tax Return to the Mailing Address above.

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

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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