

VILLAGE OF ELK GROVE
FINANCE DEPARTMENT
901 WELLINGTON AVENUE
ELK GROVE VILLAGE, IL 600073499
(847) 439-3900

FOOD AND BEVERAGE TAX REGISTRATION

Business Name and Address:

Phone Number

State Sales Tax Number

Nature of Business

Owner/Operator

Person Responsible for Preparation of Tax Return:

Name: _____

Phone Number: _____

Address: _____

Frequency for filing Illinois sales tax return: (Form St-1)

Monthly _____

Quarterly _____

Semi-monthly _____

Annually _____

Signature

Date

Print Name

Title