

## VILLAGE OF OSWEGO FOOD AND BEVERAGE TAX REGISTRATION FORM

SECTION 1:		
Business name:		
Address:		
Telephone:		
Email:		
SECTION 2:		
Local Agent Name and Title:		
SECTION 3:		
Corporate Name:		
Mailing Address:		
City, State, Zip:		
Telephone/email:		
SECTION 4:		
Type of Business:		
Form of Business: Sole Proprietor P	Partnership Corporation	Other
FEIN#		#:
Filing Illinois ST-1 frequency: Monthly		
SECTION 5:		
I hereby declare that I have examined this	s registration form, and to the	he best of my knowledge the
information entered on this form is true, c		, 5
Signature of Owner or Officer	Title	Date
Printed Name of Owner/Officer		
Please return this completed form to: Vil	llage of Oswego, Finance	DeptF&B Tax
10	00 Parkers Mill, Oswego, I	L <del>-</del> 60543