

**VILLAGE OF NORTH RIVERSIDE
PLACES FOR EATING TAX
BUSINESS REGISTRATION**

2401 S. Desplaines Avenue
North Riverside, Illinois 60546
(708) 447-4211

Name of Business: _____

Doing Business As: _____

Mailing Address: _____

Phone: _____ Fax: _____

FEIN: _____ IL Sales Tax #: _____

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

Is your business responsible for payment of the Places for Eating Tax?
Yes _____ No _____

If you answered "NO", please list the reason(s) why you believe your business is not liable for collection and payment of this tax, sign the registration and return it to the Village at the above address. **Attach a signed "Seating Use Affidavit" if applicable.**

If you answered "YES", please complete the remainder of the registration, sign and return it to the Village at the above address. Copies of the Places for Eating Tax Return can be downloaded at www.northriverside-il.org.

Date Business Commenced (or is anticipated to commence): _____

Current frequency of filing Illinois State Tax Return:

Monthly _____ Quarterly _____ Annually _____

Under penalties as provide by law, I declare that to the best of my knowledge and belief, the information provided on this form is true, correct and complete.

Signature of Authorized Official Printed Name & Title Date