



VILLAGE OF OSWEGO
FOOD AND BEVERAGE TAX REGISTRATION FORM

SECTION 1

Business Name: _____
Address: _____
Phone No.: _____
Email: _____

SECTION 2

Local Agent Name and Title: _____

SECTION 3

Corporate Name: _____
Mailing Address: _____
City, State, Zip: _____
Phone No.: _____
Email: _____

SECTION 4

Type of Business: _____

Form of Business: Sole Proprietor Partnership LLC Corporation
 Other: _____

FEIN#: _____ Illinois Taxpayer #: _____

Filing Illinois ST-1 Frequency: Monthly Quarterly Semi-Annually
 Other: _____

SECTION 5

I hereby declare that I have examined this registration form and to the best of my knowledge the information entered on this form is true, correct, and complete.

Signature of Owner or Officer Title Date

Printed Name of Owner or Officer