



CITY OF HIGHLAND PARK

PACKAGE LIQUOR TAX REGISTRATION FORM

Please Print or Use Typewriter

1. _____ Business Telephone _____

_____ City _____ State _____ Zip _____
Business Location Address

_____ Business Email Address _____
Date Open(ed) for Business

2. _____ Corporate Telephone _____
Company/Corporate Name if Different from DBA

_____ City _____ State _____ Zip _____
Mailing Address (Company/Corporate)
(If different than Business Location Address)

3. _____ Owner Telephone _____
Name of Owner or Manager
(If different than business phone #)

_____ E-Mail Address _____
IBT Number (Required)

4. Nature of Business (i.e. grocery store, liquor store, etc.): _____

5. Estimated Annual Sales Subject to Package Liquor Tax: _____

6. Illinois Retailer Occupation Tax Number (IBT): _____

7. Federal Taxpayer ID Number or Social Security Number: _____

8. Name of Package Liquor Tax Return Preparer: _____

Preparer's Telephone: _____

Preparer's E-Mail Address: _____

I 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 Applicant

Date

*Please return the completed form
within 5 days of receipt to:*

**City of Highland Park
Attn: Finance Dept., PL Tax
1707 St. Johns Ave
Highland Park, IL 60035
Phone: 847.432.0800
Fax: 847.432.2617**