Application for Certificate of Registration
City of Aurora Food & Beverage Tax

This form is to be used by business (registrants) to register with the City of Aurora for Food and Beverage Tax, in accordance with Chapter 44, Article VII of the Food and Beverage Tax.

Registrant's first taxable sales date:___________ State of Illinois Tax ID#:____________________

Registrant's Business Name

Telephone

Address of Principal Business Site

City

State

Zip Code

Phone

Billing address if different from business address

City

State

Zip Code

Phone

Registrant's type of business/organization: If Incorporated

_________Sole Proprietorship

Date of Incorporation____________________

_________Partnership

State of Incorporation____________________

_________Corporation

Address of Corporate Offices

_________Other

City

State

Zip Code

Registrant's owner(s), corporate officers or general partners:

Name

Residence Address

Title

Phone

____________________________________

____________________________________

____________________________________

Owner’s Federal ID # or Social Security #: ________________________________

Owner’s Email Address: ________________________________________________

(Continued on next page)
1. Has the ownership you are now registering engaged in business in the City of Aurora under a previous registration? _____________ If yes, please indicate registration numbers below:
   ROT: ________________________________ FEIN: ________________________________

2. If business was purchased within the last three years, who was the prior owner?

   Business name: ________________________________________________________________
   Owner's name: __________________________________________________________________
   Tax ID #: __________________________ Date Purchased: _____________________________

3. Estimated Annual Sales within the City of Aurora:

   A. Gross Receipts
      ________________________________
   B. Non-taxable sales (exempt & sales of service)
      ________________________________
   C. Net Taxable Sales (line A minus line B)
      ________________________________

   Check all that apply to your business location – note that all of the below require a specific application, please be sure to obtain each one that you need now to avoid fines in the future:
   □ Automatic Music (contact the Revenue and Collection Division for application)
   □ Amusement Devices (contact the Revenue and Collection Division for application)
   □ Tobacco/Cigarettes (contact the Revenue and Collection Division for application)
   □ Liquor (contact the City Clerk and the Revenue and Collection Division for applications)
     □ Check if you will sell packaged liquor with bar service or food
     □ Check if you will not sell any packaged liquor at all
   □ Food (this is the correct application)

As an applicant for a Certificate of Registration, I am liable for posting a bond equal to the lower of three months liability or $20,000.00 but not less than $2000.00 for liquor license holders and $500.00 for all others. The City of Aurora, upon receipt of application will inform applicant as to the amount of the bond required. Under penalties as provided by Ordinance 86-5506 of the City of Aurora, I declare that I have examined this application and to the best of my knowledge and belief, it is true, correct and complete.

________________________________________________                  _____________________
Applicant of Authorized Agent                                                Date

When completed, mail to:
City of Aurora Revenue and Collection Division
44 E. Downer Place
Aurora, IL 60507

We ask so we can provide you with the different state and local tax rates.