



# City of Aurora

Finance Department. 44 East Downer Place. Aurora, Illinois 60507-2067. (630) 256-3560  
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Brian W. Caputo, C.P.A.  
Chief Financial Officer  
City Treasurer

## 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)

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

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

.....  
OFFICE USE ONLY

County \_\_\_\_\_ Tax ID# \_\_\_\_\_ KOB \_\_\_\_\_  
Temporary City ID# \_\_\_\_\_ Bond Required \_\_\_\_\_  
Received \_\_\_\_\_ Type \_\_\_\_\_ Filing Status \_\_\_\_\_  
Entered in computer \_\_\_\_\_ Approved by \_\_\_\_\_ Date \_\_\_\_\_  
MR Account Number \_\_\_\_\_