



City of Aurora

Finance Department. 44 East Downer Place. Aurora, Illinois 60507-2067. (630) 264-3500
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Charles Koch
Assistant Director of
Finance

Application for Certificate of Registration City of Aurora Packaged Liquor 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 only sell packaged liquor
(this is the correct application)
- Check if you will sell packaged liquor with bar service or food

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

- Food (contact the Revenue and Collection Division for 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 \$2,000.00 for liquor license holders. 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

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OFFICE USE ONLY

County _____ Tax ID# _____ KOB _____
Temporary City ID# _____ Bond Required _____
Received _____ Type _____ Filing Status _____
Entered in computer _____ Approved by _____ Date _____