

**VILLAGE OF LOMBARD
AMUSEMENT TAX
255 E. WILSON AVE
LOMBARD, IL 60148
(630) 620-5913**

REGISTRATION - AMUSEMENT TAX

Business Name:	Business Location Address:	Business Phone Number:
Mailing Address (if different from business location):	City, State and Zip:	
Owner's Name:	Home Phone Number:	
Owner's Home Address:	City, State and Zip:	
Owner's Email Address:		
Emergency Contact Person:	Emergency Contact Phone Number:	
IL Sales Tax #:	Date Business Commenced:	
Federal Tax ID #:	Check One: <input type="checkbox"/> Sole Owner <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation	
If a Corporation or Partnership, give legal name if other than business name:		
Corporation or Partnership Address:		
Corporation or Partnership Email Address:		

Please review the Summary and the Amusement Tax Ordinance that are attached before answering the following questions:

1. Is your business responsible for payment of the Amusement Tax? Yes _____ No _____

If **Question 1** is answered “No”, please complete Question 2, sign the registration and return to the address above.

If **Question 1** is answered “Yes”, skip Question 2, complete rest of registration, sign and return registration to the address above. Please see “Payments Due” section of the summary page for payment instructions.

2. Please list reason(s) why you believe your business is not liable for collection and payment of the Amusement Tax:

Current frequency of filing Illinois Sales Tax Return: Monthly _____ Quarterly _____ Annually _____

Under penalties as provided by law, I declare that to the best of my knowledge and belief, the information on this form is true, correct and complete.

Signature

Printed Name & Title

Date