NEW LENOX 1 VETERANS PARKWAY NEW LENOX, IL, 60451 (815) 462-6400 NEWLENOX.NET

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: ◯ Sole Owner ◯ Partnership ◯ 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 _____