



City of Aurora

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copy sent to Rev. + collect on 2-2

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: April 30, 2015

State of Illinois Tax ID#: 1890-0526

Arlington's Best Concessions 847-259-9090
Registrant's Business Name Telephone

195 Fox Valley Mall
Address of Principal Business Site

Aurora, IL 60504 847-259-9090
City State Zip Code Phone

629 N. Forrest Ave.
Billing address if different from business address

Arlington Heights, IL 60004 847-259-9090
City State Zip Code Phone

Registrant's type of business/organization: If Incorporated

 Sole Proprietorship Date of Incorporation 3/11/2008

 Partnership State of Incorporation Illinois

X Corporation 629 N. Forrest Ave.
Address of Corporate Offices

 Other Arlington Heights, IL 60004
City State Zip Code

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

Name	Residence Address	Title	Phone
<u>William Johnson</u>	<u>629 N. Forrest Ave AH</u>	<u>Pres/Secr</u>	<u>847-259-9090</u>

Owner's Federal ID # or Social Security #: 26-2323069

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1. Has the ownership you are now registering engaged in business in the City of Aurora under a previous registration? Currently Reg. 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 \$11,000

B. Non-taxable sales (exempt & sales of service) _____

C. Net Taxable Sales (line A minus line B) \$11,000

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.

[Signature]
Applicant of Authorized Agent

1/23/17
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 _____
MR Account Number _____