

**VILLAGE OF LYONS  
FOOD AND BEVERAGE TAX  
4200 LAWDALE  
LYONS, ILLINOIS 60534**

**REGISTRATION – FOOD AND BEVERAGE TAX**

|                                    |  |
|------------------------------------|--|
| Business Name:                     | Business Location Address:   |
| Business Phone Number:             | Owner/Manager Name:  |
| Owner/Manager Direct Phone Number: | Owner/Manager Email Address:   |
| Emergency Contact:                 | Emergency Contact Phone Number:  |
| Ill Sales Tax #:                   | Date Business Commenced:   |
| Federal Tax ID #:                  | Place Check One:<br><input type="checkbox"/> Sole Owner <input type="checkbox"/> Partnership <input type="checkbox"/><br>Corporation |

|  |
|--|
| If a Corporation or Partnership, give <b>legal name</b> if it is other than business name: |
| Corporation or Partnership Address:  |
| Corporation or Partnership Email Address:  |

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 and Title

\_\_\_\_\_  
Date

**VILLAGE OF LYONS  
FOOD AND BEVERAGE TAX  
4200 LAWDALE  
LYONS, ILLINOIS 60534  
708-442-4500**

FOOD AND BEVERAGE TAX RETURN

Business Name: \_\_\_\_\_

Doing Business As: \_\_\_\_\_

Business Address: \_\_\_\_\_

Reporting Period: \_\_\_\_\_

FEIN: \_\_\_\_\_

IL Sales Tax # \_\_\_\_\_

Taxes must be paid by the 20<sup>th</sup> day of the month following the reporting period (normally every month, unless you are filing Sales Tax Returns with the State of Illinois on a quarterly or annual basis).

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- |  |          |
|--|----------|
| 1. Gross Sales (should agree with IL St-1, Line 3)         | \$ _____ |
| 2. Deductions of Sales Not Subject to Tax (T-shirts, etc.) | \$ _____ |
| 3. Taxable Sales (Line 1 minus Line 2)                     | \$ _____ |
| 4. Amount of Tax due (Multiply Line 3 by 1.0% [.01])       | \$ _____ |

Please make checks payable to the "Village of Lyons" and mail your return and tax payment to:

Village of Lyons, 4200 Lawndale, Lyons, Illinois 60534.

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name and Title

**For Office Use Only:**

Date Rec'd \_\_\_\_\_ Check Number: \_\_\_\_\_ Check Amount: \_\_\_\_\_