

**CITY OF ROLLING MEADOWS  
FOOD & BEVERAGE AND MOTOR FUEL TAX REGISTRATION FORM**

This form is to be used by businesses to register with the City of Rolling Meadows for collection and Remittance of the Food & Beverage and Motor Fuel Tax. Complete and return this form to:

**CITY OF ROLLING MEADOWS – FINANCE DEPT.  
3600 KIRCHOFF ROAD  
ROLLING MEADOWS, IL 60008  
[Finance@cityrm.org](mailto:Finance@cityrm.org)**

APPLICANT'S NAME: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

ILLINOIS IBT NUMBER: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TYPE OF BUSINESS ORGANIZATION:

SOLE PROPRIETORSHIP    CORPORATION    PARTNERSHIP    OTHER \_\_\_\_\_

PRINCIPAL OR MANAGER NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

NAME OF PERSON RESPONSIBLE FOR TAX RETURNS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

FREQUENCY FOR FILING ILLINOIS ST-1 SALES AND USE TAX RETURN:

MONTHLY    QUARTERLY    SEMI-ANNUALLY    ANNUALLY

DATE OF FIRST TAXABLE SALE: \_\_\_\_\_

I DECLARE THAT I HAVE EXAMINED THIS REGISTRATION FORM, AND TO THE BEST OF MY KNOWLEDGE, THE INFORMATION ENTERED ON THIS FORM IS TRUE, CORRECT AND COMPLETE.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_