

**CITY OF SYCAMORE
APPLICATION FOR REGISTRATION
HOTEL/MOTEL TAX**

When completed, mail this form to:

City of Sycamore
Finance Department
308 W. State St.
Sycamore, IL 60178

For taxpayer assistance, call:
(815) 895-4920
Monday - Friday 8:30 a.m. - 5:00 p.m.

Applicant's Business Name: _____

Address: _____ Telephone: _____

City: _____ State: _____ Zip: _____

This form is to be used by businesses (registrants) with the City of Sycamore for payment of Hotel/Motel Tax as required by the City of Sycamore. (ord.96.71)

1. Registrant's Business Name _____

Address of principal business site: _____

City _____ State: _____ Zip: _____

Telephone _____

2. Mailing address of principal business site:

Address: _____ Telephone: _____

City: _____ State: _____ Zip: _____

3. Hotel Operator's Occupation tax Number _____

Federal Employer IDS [FEIN] _____

Illinois Sales Tax Registration Number _____

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6. Registrant's type of business organization:

() Sole Proprietor

() Partnership

() Other

() Corporation

Mailing address of business organization. Please print.

Address: _____

Telephone: _____

City _____ State: _____ Zip: _____

7. Owner's, corporate officers, or general partners. Please print.

Name(s): _____ Title(s): _____

Address(es): _____

Telephone: _____ Cellphone: _____

City(ies): _____ State: _____ Zip: _____

8. Person who will be responsible for submitting restaurant & bar tax returns to the City of Sycamore. Please Print.

Address(es): _____

Telephone: _____ Cellphone: _____

City(ies): _____ State: _____ Zip: _____

Under Penalty as provided by law, which includes a fine, imprisonment, or both, I declare that I have examined this registration form, and to the best of my knowledge and belief, the information entered on this form is true, correct, and complete.

Date: _____

Signature of Registrant or Officer
empowered to sign for the corporate entity

Payment due by the 15th of each month

By _____

Print or type name above