



# Resort/Hotel Tax Registration Form

1. Business name (DBA): \_\_\_\_\_
2. **Date Open for Business:** \_\_\_\_\_ 3. Business Phone: \_\_\_\_-\_\_\_\_-\_\_\_\_\_
4. Address: \_\_\_\_\_, Suite # \_\_\_\_\_, Gurnee, IL 60031
5. Company/Corporate Name if Different from DBA: \_\_\_\_\_
6. Company/Corporate Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_ 7. Phone: \_\_\_\_-\_\_\_\_-\_\_\_\_\_
8. Name of Owner/Manager: \_\_\_\_\_ 9. Phone: \_\_\_\_-\_\_\_\_-\_\_\_\_\_
10. Nature of Business (i.e., resort, hotel, B&B, etc.): \_\_\_\_\_
11. Estimated Annual Sales Subject to Resort/Hotel Tax: \_\_\_\_\_
12. FEIN/SS#: \_\_\_\_\_ 13. IBT#: \_\_\_\_\_
14. Name of Resort/Hotel Tax Return Preparer: \_\_\_\_\_ 15. Phone: \_\_\_\_-\_\_\_\_-\_\_\_\_\_

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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 of Applicant Date

**Remit to: Village of Gurnee**  
**Attention: Revenue Collection**  
**325 N. O'Plaine Road**  
**Gurnee, IL 60031**  
**Phone: 847.599.7500**