



**PLACES FOR EATING TAX
BUSINESS REGISTRATION FORM
East Moline Code of Ordinance 23-21**

Name of Business: _____

Address of Business: _____

Business Owner's Name: _____

Owner's Address: _____

Owner's Phone Number: _____

Federal I.D. Number: _____

By signing this form, I acknowledge that I have reviewed the ordinance pertaining to the Places for Eating Tax and understand my responsibilities under said ordinance as an East Moline Business Owner.

Signature of Business Owner

Date

Please return completed form to:
City of East Moline
Attn: Finance
915 16th Avenue
East Moline, IL 61244