



CITY OF WARRENVILLE
RESTAURANT FOOD & BEVERAGE TAX

Name of Facility: _____

Mailing Address: _____

For Month of: _____

Total Food & Beverage Sales: _____ X .015 = \$ _____

1.5% Penalty (add if not paid by last day of following month) \$ _____

TOTAL DUE: \$ _____

The City of Warrenville's Food & Beverage Tax equals 1.5% of total food & beverage sales per month. Taxes must be paid by the last day of the calendar month following the month of collection.

CERTIFICATION: I hereby certify that the information contained in this report is taken from the books and records of the above facility and is true and correct to the best of my knowledge.

Business Name: _____

Preparer's Signature: _____

Preparer's Title: _____

Date: _____

Please Remit to:
City of Warrenville
Attn: Finance Dept
3S258 Manning Ave
Warrenville, IL 60555

ALL FIGURES ARE SUBJECT TO AUDIT