



For Office Use Only

Acct#

City of Chicago
Tax Division
2 N. La Salle Street, Suite 1310
Chicago, IL 60602

(Please Do Not Send Any Payments with This Form)

FOR TAX PURPOSES ONLY – DO NOT USE THIS FORM IF YOU ARE REQUIRED TO HOLD A CHICAGO BUSINESS LICENSE

New Accounts Information Sheet – Corporations/Partnerships/LLC’s etc.

(This form is not required if this Corp./Partnership etc. currently or previously has held a City of Chicago Business license.)

(Bold faced items are required to begin the processing of your application.)

1. What is the Legal Name of your Corporation, Partnership, Limited Partnership, LLC, or Not-For Profit Corporation?

2. What is the Doing Business As (DBA) name of your entity (if different than Legal Name)? *

*(If different you must apply for an Assumed Name at 118 N. Clark Street, Lower Level, Chicago, IL 60602 (312) 603-5652))

3. FEIN #: _____ 4. In which State did you Incorporate: _____

5. Date of Incorporation (for Corp or LLC): _____ 6. State of IL File: _____

7. State of IL Exemption # (for non-profit): _____ Exp. Date: _____

8. Illinois Business Tax (IBT) Number **: _____

(Needed if goods are sold or if you have employees other than yourself on your payroll)

**If you do not have a current IBT#, you may obtain one from the IL Dept. of Revenue at 100 W. Randolph St., 7th Floor (217) 785-3707.

9. Do you employ 50 or more individuals who work in Chicago: Yes / No (Circle one)

10. Do you rent out or lease tangible items which are used in Chicago: Yes / No (Circle one)

11. Describe your business's activities. Please mention all products or services you offer:

12. Primary contact person for the organization:

First and last name

Street Address City, State, & Zip Code

Phone Number E-Mail Address

13. Business site address where business transactions or public way use occur:

Street Address City, State, & Zip Code

Phone Number

14. Do you own or rent the location where your business transactions or public way use occur: ___ Own ___ Rent
(Note: If you rent your business location you may be required to supply a copy of your lease.)

15. Corporate Officer/ Partner/ Limited Partner/ Member etc. Information:

President/ Partner/ Other _____ Ownership Percentage _____ %

First and last name

Street Address City, State, & Zip Code

Phone Number E-Mail Address

Corporate Secretary/ Partner/ Other _____ Ownership Percentage _____ %

First and last name

Street Address City, State, & Zip Code

Phone Number E-Mail Address

 Corporate Vice-President/ Partner/ Other _____ Ownership Percentage _____ %

First and last name

Street Address

City, State, & Zip Code

Phone Number

E-Mail Address

Note: If you are purchasing a business in the City of Chicago, you are required per section 3-4-140 of the Uniform Revenue Procedures Ordinance to file a Bulk Sales Notification.

If you have any questions regarding this form, please call 312-747-4747 or for TTY dial 312-742-1974.

Email this completed document to: RevenueDatabase@cityofchicago.org

Or you may mail your completed document to:

**Chicago Department of Finance
2 N. La Salle Street, Suite 1310
Chicago, IL 60602
Attn: Database Unit**