

CHICAGO BUSINESS INFORMATION SHEET

- This pre-application form is for **IN-PERSON** City of Chicago business license applicants' use at the Small Business Center only.
- Forms not submitted in person will not be processed.

Type of PRE-Application

 Business License

 Adding a new site
 Change of Location*
 Account #
 Site #

* PLEASE NOTE THAT PUBLIC WAY PERMITS AT YOUR PREVIOUS SITE MUST BE CANCELLED, AND PROOF OF REMOVAL IS REQUIRED.

Business Entity Information

Type of Business Sole Proprietor
 Partnership
 LLC
 Corporation
 Non-Profit
 Trust
 Other _____

Legal Name of Business

The exact "legal name" as it appears in the official business formation documentation.

- For Sole Proprietors, this is the full name of the business owner as it appears on their valid government-issued photo ID.
- For General Partnerships, this is the full name of each business owner as it appears on their valid government-issued photo ID.
- All other business entity types must use the legal name, and DBA (below), as it appears in the official registration documentation.

"Doing Business As" Name

The exact "Doing Business As" (DBA) name as it appears in the official business formation documentation.

Sole Proprietors or General Partnerships conducting business in Illinois under an assumed name (a name other than your own) are required to file for an Assumed Name Certificate with the Cook County Clerk's office at 118 N. Clark Street, Room 120, Chicago, (312) 603-5652, or at www.cookcountyclerk.com > Vital Records > Assumed Business Name Registration.

▼ A State of Illinois File Number & Date are **REQUIRED** for all (Illinois & Non-Illinois based) Corporations/Not For Profits, LLCs, LLPs, LPs.

State of Illinois File #

Assigned by the **Illinois Secretary of State** at 69 W. Washington St., Suite 1240, (312) 793-3380, or at www.cyberdriveillinois.com/departments/business_services/

Incorporation/File Date - -

Also assigned by the **Illinois Secretary of State**. May be found in your Articles of Incorporation (for Corporation/Not For Profit Corporation); Articles of Organization (for Limited Liability Company); Statement of Partnership Authority (for Limited Liability Partnership); or Certificate of Limited Partnership (for Limited Partnership.)

▼ A Federal Employer Identification Number (EIN) is **REQUIRED** for all business entity types except for Sole Proprietorships.

Employer Identification # -

Assigned by the **Internal Revenue Service** at 230 S. Dearborn St., (312) 292-4912 or (800) 829-4933, or at www.irs.gov/businesses > Employer ID Numbers (EINs)

▼ An Account ID Number is **REQUIRED** for **ALL** business entity types that conduct business in the state of Illinois or with Illinois customers.

(formerly IBT #) IDOR Account ID # -

Assigned by the **Illinois Department of Revenue** at 555 W. Monroe, Suite 1100, (800) 732-8866, or at <http://tax.illinois.gov> > Business Registration

Business Activity and Location

Business Activity

List your business activities, including all products and/ or services to be offered.

If selling goods, what type of sales? Retail (Consumers Only)
 Wholesale (Business to Business Only)
 Both

Business Site Address

Provide the full business location address where the business transactions and/or activities occur. If applicable, provide the extended address (e.g. 100-102 N. Main St.).

Street Number(s) N/S/E/W Street Name Ave./St. Ste./Apt. # Floor #

City State ZIP Code

Square footage used by the business: , **SQ. FT.** Amount of employees at this site: ,

Primary Business Contact Information

First Name		Middle Name	Last Name
Home Phone ()	Fax Number ()	Email Address	



City of Chicago Department of Business Affairs and Consumer Protection | Small Business Center
 121 N. LaSalle Street, Room 800, Chicago, IL 60602 | (312) 74-GOBIZ (312-744-6249) | Chicago.gov/BACP

Owner and Officer Information (as required per 4-4-050 of the Municipal Code of Chicago)

- **Sole Proprietors** are required to provide information about the **Individual** who owns the business.
- **General Partnerships, Limited Partnerships and Limited Liability Partnerships** are required to provide information about all the **Partners** of the organization.
- **Limited Liability Companies** are required to provide information about the organization's **Members**, and any other **shareholder(s)** with a major beneficial interest.
- **Corporations** are required to provide information about the organization's **President, Secretary**, and any other **shareholder(s)** with a beneficial interest.
- **Not for Profit Corporations** are required to provide information about the organization's **President and Secretary**.

Proof of identification may be required to complete the actual application.

Ownership %	Title: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partner <input type="checkbox"/> President <input type="checkbox"/> Managing Member <input type="checkbox"/> Other:
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First Name	Middle Name	Last Name
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Current Residential Address	Suite/Apt. #	City	State	ZIP Code
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Home Phone ()	Social Security Number / ITIN - -	Date of Birth / /	Email Address
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Ownership %	Title: <input type="checkbox"/> Secretary <input type="checkbox"/> Partner <input type="checkbox"/> Managing Member <input type="checkbox"/> Other:
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First Name	Middle Name	Last Name
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Current Residential Address	Suite/Apt. #	City	State	ZIP Code
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Home Phone ()	Social Security Number / ITIN - -	Date of Birth / /	Email Address
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Ownership %	Title: <input type="checkbox"/> Vice President <input type="checkbox"/> Member <input type="checkbox"/> Other:
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First Name	Middle Name	Last Name
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Current Residential Address	Suite/Apt. #	City	State	ZIP Code
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Home Phone ()	Social Security Number / ITIN - -	Date of Birth / /	Email Address
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Ownership %	Title: <input type="checkbox"/> Treasurer <input type="checkbox"/> Member <input type="checkbox"/> Other:
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First Name	Middle Name	Last Name
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Current Residential Address	Suite/Apt. #	City	State	ZIP Code
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Home Phone ()	Social Security Number / ITIN - -	Date of Birth / /	Email Address
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Ownership %	Title: <input type="checkbox"/> Shareholder <input type="checkbox"/> Other:
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First Name	Middle Name	Last Name
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Current Residential Address	Suite/Apt. #	City	State	ZIP Code
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Home Phone ()	Social Security Number / ITIN - -	Date of Birth / /	Email Address
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