



**CHICAGO DEPARTMENT OF FINANCE
TAX DIVISION
BULK SALES UNIT
DEPAUL CENTER, SUITE 300
333 S. STATE ST., CHICAGO, ILLINOIS 60604-3977
TELEPHONE (312) 747-4747**

BULK SALES NOTIFICATION

Date of Notice: _____ **Date of Intended Sale:** _____

I. Identify the Business being sold:

Business Name: _____ D/B/A: _____
Business Address: _____
City: _____ State: _____ Zip Code: _____
Business Phone: _____ Business Fax: _____
Federal ID # (FEIN): _____ IL IBT #: _____
City IRIS # / City Account # : _____
Business Structure (e.g., sole proprietor, partnership, corporation): _____
Business Activity: _____
Number of Years at Site: _____ Last Date of Operation (if Applicable): _____
Taxes Currently Registered For (attach a schedule, if necessary):
Tax Code: _____ Start Date: _____
Tax Code: _____ Start Date: _____

II. Identify the Property being sold:

Description of Property Being Sold (attach a schedule, if necessary):

Property Index Number (PIN) for Real Estate Being Sold (if real estate is part of Business with City license): _____

Medallion Number(s) (if applicable): _____

III. Sales Price (attach copy of agreement):

Purchase Price: \$ _____

Price attributed to Real Estate (if real estate part of Business with City license): \$ _____

Amount Escrowed for City of Chicago taxes, interest, penalties, nontax debts and other debts owed by the seller/transferor to the City of Chicago: \$ _____

IV. Transferor/Seller Information:

Business Name: _____ D/B/A: _____
Business Address: _____
City: _____ State: _____ Zip Code: _____
Business Phone: _____ Business Fax: _____
Email Address: _____
Federal ID # (FEIN/SSN): _____ IL IBT #: _____
City IRIS # / City Account # : _____
Business Structure (e.g., sole proprietor, partnership, corporation): _____
Business Activity: _____
Driver's License # (if sole proprietor): _____

Attorney's Name: _____

Attorney's Signature: _____

V. Transferee/Buyer Information:

Business Name: _____ D/B/A: _____
Business Address: _____
City: _____ State: _____ Zip Code: _____
Business Phone: _____ Business Fax: _____
Email Address: _____
Federal ID # (FEIN/SSN): _____ IL IBT #: _____
City IRIS # / City Account # : _____
Business Structure (e.g., sole proprietor, partnership, corporation): _____
Business Activity: _____
Driver's License # (if sole proprietor): _____
Taxes Currently Registered For (attach a schedule, if necessary):
Tax Code: _____ Start Date: _____
Tax Code: _____ Start Date: _____

Attorney's Name: _____

Attorney's Signature: _____

Print Name of Filer

Signature of Filer

Person Representing Filer

Note: The Illinois Department of Revenue may also require the filing of a Bulk Sales Notice. Call (312) 814-3063 or Fax (312) 793-3841.

For Office Use Only:

Date Received: _____ 45 Days Allowance: YES _____ NO _____