

# CHICAGO DEPARTMENT OF FINANCE

## BUSINESS CHANGE FORM FOR TAX PURPOSES ONLY

BCF

(DO NOT USE THIS FORM IF YOU HOLD A CHICAGO BUSINESS LICENSE. FOR LICENSE CHANGES, CALL 312-747-IRIS (4747))

Please email completed document to: [RevenueDatabase@cityofchicago.org](mailto:RevenueDatabase@cityofchicago.org)

OR mail to: Chicago Department of Finance, Database Unit, 2 N. La Salle Street, Suite 1310, Chicago IL 60602

### I. Account Information Before Business Change

IRIS Account # \_\_\_\_\_ Site # \_\_\_\_\_ Medallion # \_\_\_\_\_ Date Acquired \_\_\_\_\_  
Business Name \_\_\_\_\_ Owner Name \_\_\_\_\_  
Business Address \_\_\_\_\_ F.E.I.N. \_\_\_\_\_  
Mailing Address \_\_\_\_\_ I.B.T.N. \_\_\_\_\_

### II. Change in Business Name or Address

New Business Name \_\_\_\_\_  
New Business Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
New Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

### III. Change of Responsible Person(s)

Provide the name and title of all new officers, general partners, or Limited Liability Company managers.  
(Attach separate sheets if necessary).

Name \_\_\_\_\_ Title \_\_\_\_\_  
Name \_\_\_\_\_ Title \_\_\_\_\_

### IV. Change in Business Operations

Identify and explain any changes in services, products, or internal operations that may require your business to pay other Chicago taxes. (Attach separate sheets if necessary). If your change makes your business subject to a Chicago tax, complete an Affidavit (For Initial Taxable Period). If your change makes your business no longer subject to a tax, complete an Affidavit (For Final Taxable Period). If your business ceased operations you must file all tax returns within 45 days after the close of the business.

If your business ceased operations (out-of-business), provide date, and attach supporting documents. Date \_\_\_\_\_  
If your business ceased operations due to a change in ownership, please provide buyer's information in Section V.

### V. Change in Ownership

If you sold or transferred the business or medallion named in section I above, provide the buyer information below and check Transferee. If you purchased or acquired by transfer the business or medallion named in section I above, provide your information below and check Transferee. If you are the business in section I above and you are acquiring another business, provide the information of the acquired entity and check Transferor. Provide the date of change in ownership. **You must contact the Department of Finance Bulk Sales Unit and complete a Bulk Sales Notification Form 45 days before the date of sale.**

Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Address \_\_\_\_\_ IRIS Account # (if known) \_\_\_\_\_  
(Check one) Transferee \_\_\_\_\_ Transferor \_\_\_\_\_ Date of Change in ownership \_\_\_\_\_

### VI. Comments

\_\_\_\_\_  
\_\_\_\_\_

### VII. Owner/Officer Statement

Under penalty or perjury, I certify that I have examined this Business Change Form and it is true, correct, and complete.

Print Name \_\_\_\_\_ Date \_\_\_\_\_  
Signature \_\_\_\_\_ Title \_\_\_\_\_  
Phone ( ) \_\_\_\_\_ Email Address \_\_\_\_\_