City of Chicago  
Tax Division  
DePaul Center Room 300  
333 S. State Street  
Chicago, IL 60604  

(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 - Sole Proprietor

(This Form is not required if you currently or previously have held a City of Chicago Business license as a sole proprietor.)

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

1. What is your legal name, home address etc?

FIRST NAME  MIDDLE INIT

LAST NAME  JR./SR.

STREET NUMBER  DIR.  STREET NAME  RD, AVE etc.  Suite/Floor

CITY  ST  ZIP CODE

BUSINESS START DATE

DATE OF BIRTH

Phone Number

Business / Contact E-Mail Address
2. What is the Doing Business As (DBA) name (if not doing business under your own name)? *

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

3. 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 Ill. Dept. of Revenue at 100 W. Randolph St. (Lower Level) (217) 785-3707

4. Describe your business’s activities? Please mention all products or services you offer.

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

5. Do you employ 50 or more individuals whose work is located in Chicago  Yes / No (circle one)

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

7. Who is the primary contact person for the organization?

FIRST NAME

MIDDLE INIT

LAST NAME

JR./SR.

8. What is the business site address where business transactions or public way use occur?

STREET NUMBER

DIR.

STREET NAME

RD, AVE etc.

Suite/Floor

CITY

ST

ZIP CODE

Phone Number

FAX Number

9. 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.
10. What is your spouse’s legal name, home address etc (if applicable)?

FIRST NAME: [ ]
MIDDLE INIT: [ ]
LAST NAME: [ ]
JR./SR.: [ ]
STREET NUMBER: [ ]
DIR.: [ ]
STREET NAME: [ ]
RD, AVE etc.: [ ]
Suite/Floor: [ ]
CITY: [ ]
ST: [ ]
ZIP CODE: [ ]
PHONE NUMBER: [ ]
DATE OF BIRTH: [ ]

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 document when completed to RevenueDatabase@cityofchicago.org

Or you can fax your completed document to:
312-747-1890
Attn: Database Unit

Or you may mail your completed document to:

Chicago Department of Finance
333 S. State Street Room 300
DePaul Center
Chicago, IL 60604
Attn: Database Unit