



For Office Use Only

Acct# \_\_\_\_\_

**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 – 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 or your entity (if different than Legal Name)?\***

*\*(If different you must apply for an Assumed Name at 118 N. Clark St. 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 Ill. File**

**7. State of Ill. Exemption # (for non-profits)**

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 Ill. Dept. of Revenue at 100 W. Randolph St. (7<sup>TH</sup> Floor) (217 ) 785-3707*

**9. Do you employ 50 or more individuals whose work is located 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.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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 Corporate Vice-President /  Partner /  Other \_\_\_\_\_ Ownership Percentage \_\_\_\_\_ %

\_\_\_\_\_  
First Name Middle Init. Last Name Jr./Sr.

\_\_\_\_\_  
Street Number Dir. Street Name Rd, Ave etc. Suite / Floor#

\_\_\_\_\_  
City ST Zip Code E-Mail Address

(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
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](mailto: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**