



**CITY OF CHICAGO  
DEPARTMENT OF FINANCE  
AFFIDAVIT FOR INITIAL TAXABLE PERIOD**

I, \_\_\_\_\_, as authorized representative, holding the title of \_\_\_\_\_  
(Business Representative)  
 \_\_\_\_\_ hereby attest that \_\_\_\_\_  
(Title) (Business Name)  
 located at \_\_\_\_\_ and having Chicago  
(Street Address) (City) (State) (Zipcode)  
 Department of Finance tax account number \_\_\_\_\_ - \_\_\_\_\_ is liable for remitting  
(IRIS No.) (Site No.)  
 and/or collecting the City of Chicago \_\_\_\_\_. I further  
(Tax Type)  
 attest that the first taxable day on which above referenced entity had the legal obligation to  
 collect and/or remit for this tax type is \_\_\_\_\_ for the following  
 reason(s):  
(First Date Subject to Tax)

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I further attest that I have the knowledge and authority to make the above statements.

**I hereby certify, under penalty of perjury, that the information contained in this affidavit is true and correct.**

\_\_\_\_\_  
 Signature Date

\_\_\_\_\_  
 Print Full Name Phone Number Email Address

NOTARY PUBLIC  
 Subscribed and sworn before me this \_\_\_\_ day (SEAL)  
 of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
 Notary Public My Commission Expires

**If you have any questions regarding this affidavit, please call Customer Service at (312)747-4747.**  
**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.

Email completed document to [RevenueDatabase@cityofchicago.org](mailto:RevenueDatabase@cityofchicago.org)  
 or Fax to: (312) 747-1890 attn: Database Unit  
 Or Mail To:  
 Chicago Department of Finance  
 Database Management Unit  
 333 South State Street, Suite 300  
 Chicago, IL 60604-3977

*Authorized use Only*

Date Received: \_\_\_\_\_  
 Processed by: \_\_\_\_\_  
 Date Processed: \_\_\_\_\_