



**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) (Zip code)
 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)

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

Authorized Use Only

Date Received: _____
 Processed by: _____
 Date Processed: _____