

CITY OF CHICAGO

Business License Information



Account Number (DEPT USE ONLY)

Entity Information

Type of Business Sole Proprietorship Corporation LLC Non-for-Profit Partnership Other:

Legal Name of Business

For Sole Proprietors, this is the name of the business owner. For all others, print the **exact legal name** of the corporation, LLC, Partnership, etc.

“Doing Business As” Name

The exact “Doing Business As” name of the establishment applying for a license (usually the name on the sign over the business)

▼ An Illinois Business Tax number is **REQUIRED** for all businesses that make **RETAIL SALES** in the state of Illinois.

Illinois Business Tax - **IBT** Assigned by the Illinois Department of Revenue; apply at 100 W. Randolph or www.revenue.state.il.us/app/ibri/

▼ A Federal Employee Identification number and formation information is **REQUIRED** for all businesses other than Sole Proprietorships

Federal Employer Ident. - **FEIN** Assigned by the IRS; apply at www.irs.gov/businesses or by calling 800-829-4933

Incorporation Date / / **State of Incorporation**

▼ A State of Illinois File number is **REQUIRED** for Corporations, LLCs, and Non-for-Profit Corporations

State of Illinois File Assigned by the Illinois Secretary of State; available online at www.ilsos.gov/corporatellc

▼ A Sales-Tax Exemption Number is **REQUIRED** for non-for-profit corporations that have tax-exempt certificates from the state of IL

Illinois Exemption E - - Assigned by the Illinois Department of Revenue; call 217-782-8881 or www.revenue.state.il.us/NonProfits/

Expiration Date / / 20

Business Activity and Location

Business Activity ►

List your business's activities, including all products or services you offer.

Does your business sell goods at this address? YES NO

If YES, what kind of sales are made? RETAIL WHOLESALE BOTH

If BOTH, what percentage of your floor space is devoted to retail sales? %

Business Site Address

Provide the address where business transactions and/or activities occur.

Street Number NSEW Street Name Ave, St, etc.

City State Zip Code

Sq. Footage used by business # of Employees at this site Suite/Apt. Number Floors Occupied

Primary Contact Person

First Name Middle

Last Name Jr./Sr.

Contact Phone - **Fax** -

Contact Email

FLIP OVER AND COMPLETE BACK

Owner and Officer Information

Sole Proprietors are required to provide information about the **Sole Proprietor** that owns the business

Corporations are required to provide information about their **President, Secretary,** and any other **shareholders** with a major beneficial interest

Non-for-Profit Corporations are required to provide information about their **President** and **Secretary**

Limited Liability Corporations are required to provide information about **Managing Members,** and any other **shareholders** with a major beneficial interest

Partnerships & Limited Partnerships are required to provide information about all **Partners** with a major beneficial interest

The information above is **required for all business.** More information on owners and officers may be required by the Department of Business Affairs and Consumer Protection depending on the licensing requirements of your specific business.

Ownership %	Title <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> President <input type="checkbox"/> Managing Member <input type="checkbox"/> Other:
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First Name	Middle Name	Last Name
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Current Residential Address	Suite/Apt.	City	State	Zip code
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Home Phone ()	Social Security # - -	Date of Birth: / /	Email Address
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Ownership %	Title <input type="checkbox"/> Secretary <input type="checkbox"/> Managing Member <input type="checkbox"/> Other:
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First Name	Middle Name	Last Name
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Current Residential Address	Suite/Apt.	City	State	Zip code
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Home Phone ()	Social Security # - -	Date of Birth: / /	Email Address
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Ownership %	Title <input type="checkbox"/> Vice President <input type="checkbox"/> Member <input type="checkbox"/> Other:
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First Name	Middle Name	Last Name
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Current Residential Address	Suite/Apt.	City	State	Zip code
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Home Phone ()	Social Security # - -	Date of Birth: / /	Email Address
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Ownership %	Title <input type="checkbox"/> Treasurer <input type="checkbox"/> Member <input type="checkbox"/> Other:
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First Name	Middle Name	Last Name
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Current Residential Address	Suite/Apt.	City	State	Zip code
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Home Phone ()	Social Security # - -	Date of Birth: / /	Email Address
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Ownership %	Title <input type="checkbox"/> Shareholder <input type="checkbox"/> Other:
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First Name	Middle Name	Last Name
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Current Residential Address	Suite/Apt.	City	State	Zip code
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Home Phone ()	Social Security # - -	Date of Birth: / /	Email Address
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PLEASE DO NOT SEND ANY PAYMENTS WITH THIS PRE-APPLICATION

CITY OF CHICAGO • Department of Business Affairs and Consumer Protection: Business Assistance Center

City Hall, Room 800 • 121 N. LaSalle Street, Chicago, IL 60602 • (312) 74-GOBIZ (744-6249) • www.cityofchicago.org/businessaffairs 12/26/08