



Hotel / Motel Tax Registration Form

Date:

DBA Business Name:

Local Address:

City:

State:

Zip:

Phone:

Fax:

Illinois Business Tax (IBT) #:

Corporate or Owner information if different from above.

Name:

Address:

City:

State:

Zip:

Phone:

Fax:

Date Business started at this location:

Type of Organization:

Sole Proprietorship

Partnership

Corporation

Other (specify)

Contact Information:

Name:

Title:

Address:

Phone:

E-mail:

▶ Mail or Fax this completed and signed form to:

FAX #: (309) 434-2463

City of Bloomington
Finance Department
PO BOX 3157
Bloomington, IL 61702-3157

▶ Under penalties as provided by law, I declare that to the best of my knowledge and belief, the information on this form is true, correct and complete.

Signature of Officer Empowered to Sign

Date

print name and title