

Amusement Tax Registration Form

Illinois Business Tax (IBT) #:

Date Business started at this location (Month\Day\Year):

Describe your type of Business:

DBA Business Name:

Address:

Contact:

Phone:

Fax:

Email:

Owner/Corporate Name:

(if different from above)

Address:

Contact:

Phone:

Fax:

Email:

Please check here to have all correspondence mailed to corporate address instead of the physical address.

Type of Organization:

Sole Proprietorship

Partnership

Corporation

LLC

Other _____

**▶ Mail,
Drop Off,
Fax, or
Email to:**

Address: City Hall
Finance Department
Room 100
109 E. Olive Street
Bloomington, IL 61702

Fax: 309-434-2463

Email: finance@cityblm.org

Phone: 309-434-2233

▶ 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