



**Bloomington / Normal
Food & Beverage 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