



**Hotel / Motel 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