



**Short Term Rental Tax
Registration Form**
Pursuant to Bloomington City Code Chapter 39, Article XX

Mail To: City of Bloomington ATTN: Hotel/Motel Tax P.O. Box 3157 Bloomington, IL 61702-3157	Drop Off: City Hall Finance Dept, Room 100 109 E. Olive Street Bloomington, IL 61701	Contact: Finance Department Phone: 309-434-2233 Fax: 309-434-2463 Email: finance@cityblm.org
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Registration# _____ **ID#** _____ {Obtain from the Building Safety Department 309-434-2244}

Property Information

_____	_____
Address	Parcel number from the most recent tax bill for this rental property

City/State/Zip	

Owner Information

_____	_____
Printed Name(s)	Telephone number
_____	_____
Mailing address (No P.O. Box accepted)	Email

City/State/Zip	

Authorized Manager or Agent Information

_____	_____
Printed Name(s)	Telephone number
_____	_____
Mailing address (No P.O. Box accepted)	Email

City/State/Zip	

Listing and Tax Information

Illinois Account ID _____

Date of earliest rental _____

Type of Organization:

Sole Proprietor Partnership LLC
 Corporation Other _____

Please list the websites or companies with which the property is listed as for rent, as well as any identification numbers associated with your listing. If you need additional room, please continue on the back:

a) Listing Company: _____ Identification Number: _____

b) Listing Company: _____ Identification Number: _____

c) Listing Company: _____ Identification Number: _____

Signatures

_____	_____	_____
Printed Name	Signature	Date