

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 II 61702-315

Drop Off: The Hub 115 E. Washington Street Suite 103 Bloomington, IL 61701 Contact: Finance Department
Phone: 309-434-2233
Fax: 309-434-2463

Email: LocalTax@citvblm.org

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Registration# ID# {Obtain from the Building Safety Department 309-434-2244}					-2244}
Property Information					
Address		Parcel number from the most recent tax bill for this rental property			
City/State/Zip					
Owner Information					
Printed Name(s)	Tele	Telephone number			
Mailing address (No P.O.	Em	ail			
City/State/Zip					
Authorized Manager of	or Agent Informa	ation			
Printed Name(s)		Tele	Telephone number		
Mailing address (No P.O. Box accepted)		Em	Email		
City/State/Zip					
Listing and Tax Inform	mation	Ту	pe of Organizatior	ı:	
Illinois Account ID			Sole Proprietor	Partnership	LLC
Date of earliest rental Corporation Other				ration 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) Listin		Identification Number:			
c) Listing Company: Identification Nur				Number:	
Signatures					
Printed Name		Signature			Date