



**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:** The Hub  
115 E. Washington Street  
Suite 103  
Bloomington, IL 61701

**Fax:** 309-434-2463

**Email:** LocalTax@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*