



**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: The Hub	Fax: 309-434-2463
	115 E. Washington Street	Email: LocalTax@cityblm.org
	Suite 103 Bloomington, IL 61701	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