

CITY OF PEORIA, ILLINOIS

TAX / FEE APPLICATION

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Business / Trade Name:		Local Phone #: ()		
#	Street	City	State	Zip Code
Location Address:				
#	Street	City	State	Zip Code
Mailing Address: (if other than above)				
Number of business sites within the City of Peoria:				
List each site individually. Use additional sheets if necessary.				
<u>Business Site Name</u>		<u>Address</u>		
State of Illinois ROT # (Sales tax number):		FEIN or Social Security Number:		
Type of Ownership (Circle one):	Sole Proprietorship	Corporation	Partnership	Other:
If Corporation:				
Date of incorporation: ____/____/____		State of incorporation: _____		
Address of corporate offices:				
Corporate name:				
Are you authorized to do business in the State of Illinois? _____				
Name and address of Illinois registered agent:				

List owner, corporate officers or general partners: (Use additional sheets if necessary.)				
<u>Name</u>	<u>Title</u>	<u>Residential Address</u>		
Person who will be submitting tax / fee returns:				
<u>Name</u>	<u>Title</u>	<u>Business Address</u>		
Fax number: ()	Phone number: ()	E-mail Address:		
Date first taxable sale was made or date first taxable sale is anticipated to be made:				

COMPLETE REVERSE SIDE

I declare that I have examined this registration form, and to the best of my knowledge and belief, the information entered on this form is true, correct and complete.

Signature of owner or officer empowered to sign for corporate entity

Date

Print or type name signed above

For Corporations:

Signature of Secretary

Date

(Affix seal here)

When completed, mail this form to:

**City of Peoria
Accounts Receivable Office
419 Fulton Street, Room 111
Peoria, IL 61602**

For taxpayer assistance, please call:

(309) 494-8588