



**Package Liquor 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: <small>(if different from above)</small>
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.
<i>Signature of Officer Empowered to Sign</i> <i>Date</i>
<i>Print Name and Title</i>