

## Hotel / Motel 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*