



Type of PRE-Application  Business License  Public Way Use

Adding a new site  Moving

Account #

## Business Entity Information

Type of Business  Sole Proprietor  Partnership  LLC  Corporation  Non-Profit  Trust  Other \_\_\_\_\_

### Legal Name of Business

The exact "legal name" as it appears in the official business formation documentation.

*For Sole Proprietors, this is the full name of the business owner as it appears on the Sole Proprietor's government-issued photo ID.*

### "Doing Business As" Name

The exact "Doing Business As" (DBA) name as it appears in the official business formation documentation.

*Sole Proprietors or Partnerships conducting business in Illinois under an assumed name (a name other than your own) are required to file for an Assumed Name Certificate with the Cook County Clerk's office at 50 W. Washington St., East Concourse (Lower) Level - 27, (312) 603-5652, or @ www.cookcountyclerk.com > Vital Records > Assumed Business Name Registration.*

▼ A State of Illinois File Number is **REQUIRED** for all (Illinois and Non-Illinois based) LPs, LLPs, LLCs, Corporations, and Non-Profit Corps.

State of Illinois File #

Assigned by the Illinois Secretary of State at 69 W. Washington St., Suite 1240, (312) 793-3380, or @ www.cyberdriveillinois.com/departments/business\_services/

▼ A Federal Employer Identification Number (EIN) is **REQUIRED** for all business entity types except for Sole Proprietorships.

Employer Identification #

Assigned by the Internal Revenue Service at 230 S. Dearborn St., (312) 566-4912 or (800) 829-4933, or @ www.irs.gov/businesses > Employer ID Numbers (EINs)

▼ An Account ID Number is **REQUIRED** for ALL business entity types that conduct business in the state of Illinois or with Illinois customers.

(formerly IBT #) IDOR Account ID #

Assigned by the Illinois Department of Revenue at 100 W. Randolph St., (800) 732-8866, or @ http://tax.illinois.gov/Businesses/index.htm > Business Registration

Public Way Use (PWU)  Sign  Awning  Canopy  Marquee  Banner  Sidewalk Cafe  Other \_\_\_\_\_

PWU Permit(s) #

PWU Account #

## Business Activity and Location

### Business Activity

List your business activities, including all products and/or services to be offered.

If selling goods, what type of sales?  Retail (Consumers Only)  Wholesale (Business to Business Only)  Both

### Business Site Address

Provide the full business location address where the business transactions and/or activities occur. If applicable, provide the extended address (e.g. 100-102 N. Main St.).

Street Number(s)      N/S/E/W      Street Name      Ave./St.      Ste./Apt. #      Floor #  
City      State      ZIP Code

Square footage used by the business:  SQ. FT.      Amount of employees at this site:

### Primary Contact Person

First Name      Middle

Last Name      Jr./Sr.

Contact Phone #  -  -       Fax #  -  -

Contact E-mail Address

## Owner and Officer Information (as required per 4-4-050)

- **Sole Proprietors** are required to provide information about the **Individual** who owns the business.
- **Partnerships & Limited Partnerships** are required to provide information about all the **Partners** of the organization.
- **Limited Liability Companies** are required to provide information about the organization's **Members**, and any other **shareholder(s)** with a major beneficial interest.
- **Corporations** are required to provide information about the organization's **President, Secretary**, and any other **shareholder(s)** with a beneficial interest.
- **Non-Profit Corporations** are required to provide information about the organization's **President and Secretary**.

Proof of identification may be required to complete the actual application.

<b>Ownership %</b>	<b>Title</b> <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partner <input type="checkbox"/> President <input type="checkbox"/> Managing Member <input type="checkbox"/> Other:
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<b>First Name</b>	<b>Middle Name</b>	<b>Last Name</b>
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<b>Current Residential Address</b>	<b>Suite/Apt. #</b>	<b>City</b>	<b>State</b>	<b>ZIP Code</b>
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<b>Home Phone</b> (    )	<b>Social Security Number</b> - -	<b>Date of Birth</b> / /	<b>Email Address</b>
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<b>Ownership %</b>	<b>Title</b> <input type="checkbox"/> Secretary <input type="checkbox"/> Partner <input type="checkbox"/> Managing Member <input type="checkbox"/> Other:
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<b>First Name</b>	<b>Middle Name</b>	<b>Last Name</b>
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<b>Current Residential Address</b>	<b>Suite/Apt. #</b>	<b>City</b>	<b>State</b>	<b>ZIP Code</b>
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<b>Home Phone</b> (    )	<b>Social Security Number</b> - -	<b>Date of Birth</b> / /	<b>Email Address</b>
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<b>Ownership %</b>	<b>Title</b> <input type="checkbox"/> Vice President <input type="checkbox"/> Member <input type="checkbox"/> Other:
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<b>First Name</b>	<b>Middle Name</b>	<b>Last Name</b>
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<b>Current Residential Address</b>	<b>Suite/Apt. #</b>	<b>City</b>	<b>State</b>	<b>ZIP Code</b>
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<b>Home Phone</b> (    )	<b>Social Security Number</b> - -	<b>Date of Birth</b> / /	<b>Email Address</b>
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<b>Ownership %</b>	<b>Title</b> <input type="checkbox"/> Treasurer <input type="checkbox"/> Member <input type="checkbox"/> Other:
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<b>First Name</b>	<b>Middle Name</b>	<b>Last Name</b>
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<b>Current Residential Address</b>	<b>Suite/Apt. #</b>	<b>City</b>	<b>State</b>	<b>ZIP Code</b>
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<b>Home Phone</b> (    )	<b>Social Security Number</b> - -	<b>Date of Birth</b> / /	<b>Email Address</b>
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<b>Ownership %</b>	<b>Title</b> <input type="checkbox"/> Shareholder <input type="checkbox"/> Other:
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<b>First Name</b>	<b>Middle Name</b>	<b>Last Name</b>
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<b>Current Residential Address</b>	<b>Suite/Apt. #</b>	<b>City</b>	<b>State</b>	<b>ZIP Code</b>
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<b>Home Phone</b> (    )	<b>Social Security Number</b> - -	<b>Date of Birth</b> / /	<b>Email Address</b>
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- Completed BIS forms may be submitted in-person at the address below, or by e-mail attachment at [businesslicense@cityofchicago.org](mailto:businesslicense@cityofchicago.org).
- Please do **NOT** include/send any payments with this pre-application.

