



Business Registration Form

Finance Department – Local Sales Tax Division

425 East State Street • Rockford, Illinois 61104 • (779) 348-7165 • localsalestax@rockfordil.gov

Information provided is required for administration of local taxes and considered confidential. It will not be shared with any other party without written consent of the business or as otherwise required by law. Failure to provide information requested may result in this form not being processed and penalties assessed.

SECTION 1 – BUSINESS INFORMATION

Business Name (DBA): _____

Corporate Name (if different): _____

Business Location (physical address where business is located):

Address: _____

City/State/Zip: _____

Phone: (_____) ____ - ____ Email: _____

Date Business Opened in Rockford: _____

Nature of Business: _____

Sales Type (check all that apply): * tobacco is not currently subject to local sales taxes, but you must indicate if you sell it

Food & Beverage Package Liquor Hotel/Motel Tobacco Products

Illinois Business Tax (IBT) #: _____ - _____ Federal EIN or SS#: _____

Is your business a Not-for-Profit? Yes No (If yes, provide details): _____

Is this a Food Truck? Yes No

If yes, will the food truck be: Recurring Vending One-Time/ Special Event Vending

Vending Location(s)/ Event(s): _____

SECTION 2 – OWNER / MANAGER INFORMATION

Owner/Manager Name: _____

Address: _____

City/State/Zip: _____

Phone: (_____) ____ - ____ Email: _____

> If there are multiple owners, attach a separate sheet with names, addresses, phone numbers, and emails.



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SECTION 3 – PREPARER / TAX CONTACT

Who should receive sales tax correspondence? (check one)

Business Address Owner Address Other: _____

Contact Name: _____

Address: _____

City/State/Zip: _____

Phone: (_____) ____ - ____ Email: _____

SECTION 4 – CERTIFICATION

Under penalties provided by law, I state that I have examined this information, and to the best of my knowledge, it is true, correct, and complete. I further attest that I will be responsible for filing returns and paying all taxes due.

Signature: _____ Date: _____

Printed Name: _____ Title: _____

Return completed form to:

City of Rockford – Local Tax Collection Section

425 East State Street • Rockford, IL 61104

or email: localsalestax@rockfordil.gov

Reminder Taxes collected are due by the end of the following month. Ex: Taxes collected on January sales are due to the City of Rockford by the end of February.

*** OFFICE USE ONLY ***

Date Received: _____ Date Processed: _____ Date Notification Sent: _____

City Assigned Business Number: _____ Processing Clerk: _____