



# 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: \_\_\_\_\_