



Business Notice of Changes Form

Finance Department – Local Sales Tax Division
425 East State Street • Rockford, Illinois 61104 • (779) 348-7165 • localsalestax@rockfordil.gov

Use this form to notify the City of Rockford of any changes to your registered business information. Please complete Section 1 and the following sections that apply. Please provide all updated information where applicable.

SECTION 1 – BUSINESS INFORMATION

Business Name (DBA): _____

City Assigned Business Number: _____ Date Change is Effective: _____

Check All That Apply (Complete designated section)

- | | |
|---|---|
| <input type="checkbox"/> Business Name Change – Section 2 | <input type="checkbox"/> Contact Information Update <small>if not owner</small> – Section 5 |
| <input type="checkbox"/> Business Address Change – Section 3 | <input type="checkbox"/> Closure/ Sale of Business – Section 6 |
| <input type="checkbox"/> Owner Information Update – Section 4 | <input type="checkbox"/> Change in Nature of Business – Section 7 |

SECTION 2 – BUSINESS NAME CHANGE

Reason for Business Name Change (check one): *Updated W9 Required also

- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Rebranding | <input type="checkbox"/> Corporate Merger | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Ownership Change | <input type="checkbox"/> Legal Requirement | _____ |

New Business Name (DBA): _____

New Corporate Name (if different): _____

SECTION 3 – BUSINESS ADDRESS CHANGE

Previous Business Address: _____

City/State/Zip: _____

New Business Address: _____

City/State/Zip: _____

Phone: (_____) _____ - _____ Email: _____

SECTION 4 – OWNER INFORMATION UPDATE

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 5 – CONTACT INFORMATION CHANGE

Who should receive sales tax correspondence? Title: _____

Contact Name: _____

Address: _____

City/State/Zip: _____

Phone: (_____) _____ - _____ Email: _____

SECTION 6 – CLOSURE / SALE OF BUSINESS

Date of Closure/ Sale: _____ Was the Business Sold? ☐ No ☐ Yes, Provide New Owner Contact Info:

Name of New Owner: _____

Address: _____

City/State/Zip: _____

Phone: (_____) _____ - _____ Email: _____

SECTION 7 – CHANGE IN NATURE OF BUSINESS

☐ Adding/Removing a Sales Type (only check ones that are changing):

☐ Food & Beverage ☐ Package Liquor ☐ Hotel/Motel ☐ Tobacco Products

☐ Food Truck changing type of vending: ☐ Recurring Vending ☐ One-Time/ Special Event Vending

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

☐ Other (description): _____

SECTION 7 – 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.

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