



# COOK COUNTY DEPARTMENT OF REVENUE

# VOLUNTARY DISCLOSURE PROGRAM

## TAX REGISTRATION APPLICATION

1. Registration for (Check each applicable tax types)  Alcoholic Beverages  Amusement  Gasoline  
 Diesel Fuel  Parking Lot/Garage  Sales of New Motor Vehicles  Use (Titled Property)  OTP  
 Firearms/Ammunition  Hotel  Sweetened Beverage

2. Legal Business Name \_\_\_\_\_ FEIN \_\_\_\_\_

3. D/B/A; Assumed; or Trade Name \_\_\_\_\_ IBT \_\_\_\_\_

4. Primary or Legal Street Address \_\_\_\_\_  
 (Do not enter a P.O. Box)

\_\_\_\_\_  
 (City/State/Zip)

5. Illinois Secretary of State identification number \_\_\_\_\_

6. Do you have other site locations in Cook County?  Yes  No **IF YES, YOU MUST COMPLETE FORM.**

7. Mailing Address, if different from address above (In care of name) \_\_\_\_\_

\_\_\_\_\_  
 (Street Address or P.O. Box number)

\_\_\_\_\_  
 (City/State/Zip)

8. Identify Contact Person: Name \_\_\_\_\_ Phone \_\_\_\_\_

FAX \_\_\_\_\_ E-mail address \_\_\_\_\_

9. LEGALSTRUCTURE (check applicable)

- Proprietorship  General Partnership  Limited Partnership  Corporation  Trust or Estate  
 Limited Liability Company (LLC) treated as a:  Corporation  Partnership  Proprietorship

10. IDENTIFY TYPE OF BUSINESS ACTIVITY (check applicable)

- (A) Sell at or Sale at Wholesale:  Liquor (Alcoholic Beverages)  Gasoline  Diesel Fuel  
 (B) Provides for a Charge or Fee:  Amusements  Parking Lot and Garage Services  
 (C) Sells at Retail:  New and Used Motor Vehicles  Used Motor Vehicles Only

11. **ILLINOIS LICENSES.** Wholesalers of Liquor, Gasoline, Diesel Fuel, Cigarettes, and Retailers that sell Used Motor Vehicles or New Motor Vehicles **must submit a copy of each applicable State of Illinois license.**

12. Provide Business start date month and Year \_\_\_\_\_

13. If multiple locations, total number of locations in Cook County \_\_\_\_\_

14. IDENTIFY YOUR OWNERS AND OFFICERS

\_\_\_\_\_  
 Legal Name/Title/SSN

\_\_\_\_\_  
 Home Street Address/City/Town/State/Zip

---

Legal Name/Title/SSN

---

Home Street Address/City/Town/State/Zip

---

Legal Name/Title/SSN

---

Home Street Address/City/Town/State/Zip

---

Legal Name/Title/SSN

---

Home Street Address/City/Town/State/Zip

---

Legal Name/Title/SSN

---

Home Street Address/City/Town/State/Zip

(Attach additional sheets if necessary)

**15.** If multiple locations in Cook County, provide name and address of each Cook County location

---

Business Name/Title/SSN

---

Street Address/City/Town/State/Zip

---

Business Name/Title/SSN

---

Street Address/City/Town/State/Zip

(Attach additional sheets if necessary)

**16. CERTIFICATION** Under penalties of perjury I state that the business named above is not registered and has not received a CCDOR notice of audit or investigation and I have examined the information in this application and to the best of my knowledge it is true, correct and complete. I further attest that I, in addition to the persons identified on attached Schedule VDPR-1 Responsible Party Information, will be responsible for filing returns and paying all taxes due Check here \_\_\_ if you are attaching Schedule VDPR-1.

Signature \_\_\_\_\_ Title \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

For more information, visit our website at: [www.cookcountyil.gov/agency/department-revenue](http://www.cookcountyil.gov/agency/department-revenue)

Cook County Department of Revenue, 118 N. Clark St. Room 1160, Chicago, IL 60602

Email: [revenuecompliance@cookcountyil.gov](mailto:revenuecompliance@cookcountyil.gov)

Phone: 312-603-6961