



# COOK COUNTY DEPARTMENT OF REVENUE

## VOLUNTARY DISCLOSURE PROGRAM

### TAX REGISTRATION APPLICATION

- Registration for (Check each applicable tax types)  Alcoholic Beverages  Amusement  
 Gasoline  Diesel Fuel  Parking Garage  Sales of New Motor Vehicles  Use (Titled Property)
- Legal Business Name \_\_\_\_\_ FEIN \_\_\_\_\_
- D/B/A; Assumed; or Trade Name \_\_\_\_\_ IBT \_\_\_\_\_
- Primary or Legal Street Address \_\_\_\_\_  
(Do not enter a P.O. Box)  
\_\_\_\_\_  
(City/State/Zip)
- Illinois Secretary of State identification number \_\_\_\_\_
- Do you have other site locations in Cook County?  Yes  No **IF YES, YOU MUST COMPLETE FORM.**
- Mailing Address, if different from address above (In care of name) \_\_\_\_\_  
\_\_\_\_\_  
(Street Address or P.O. Box number) (City/State/Zip)
- Identify Contact Person: Name \_\_\_\_\_ Phone \_\_\_\_\_  
FAX \_\_\_\_\_ E-mail address \_\_\_\_\_
- LEGAL STRUCTURE (check applicable)  
 Proprietorship  General Partnership  Limited Partnership  Corporation  Trust or Estate  
Limited Liability Company (LLC) treated as a:  Corporation  Partnership  Proprietorship
- 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
- 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.**
- Provide Business start date month and Year \_\_\_\_\_
- If multiple locations, total number of locations in Cook County \_\_\_\_\_
- IDENTIFY YOUR OWNERS AND OFFICERS  
\_\_\_\_\_  
Legal Name/Title/SSN  
\_\_\_\_\_  
Home Street Address/City/Town/State/Zip

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Legal Name/Title/SSN

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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

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Business Name/Title/SSN

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Street Address/City/Town/State/Zip

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Business Name/Title/SSN

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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 \_\_\_\_\_ SSN \_\_\_\_\_

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