



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

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