

**Local Sales Tax Business Registration Form**

Information provided on this form is required for administration of local taxes and is considered confidential. Failure to provide ALL information requested may result in this form not being processed and may result in a penalty.

**Business Information**

Legal Name: \_\_\_\_\_  
 DBA: \_\_\_\_\_  
 Location:  
 Street: \_\_\_\_\_  
 City State Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Is this a Not-For-Profit entity? (Describe): \_\_\_\_\_  
 State IBTN: \_\_\_\_\_

Please complete the IRS Form W-9 on the back of this page. 

**Owner Information\***

Name: \_\_\_\_\_  
 Street: \_\_\_\_\_  
 City State Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_

\*If there is more than one owner of the business, list all of the owners along with their respective addresses and phone numbers on a separate piece of paper and return with this form.

Send all correspondence regarding City of Rockford sales tax information to (check only one):

- Business address listed above.
- Owner address listed above.
- Other:  
 Name: \_\_\_\_\_  
 Street: \_\_\_\_\_  
 City State Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_

**Sales Type Information for your business (check all that apply)**

- Food & Beverage.....(check here if this includes alcoholic beverages ⇌.....)
- Packaged Liquor
- Hotel/Motel
- Tobacco Products (*not currently subject to local sales taxes but you must indicate if you sell such products*)

**Other**

Date Business Opened: \_\_\_\_\_  
 Date Business Closed or Changed Ownership: \_\_\_\_\_  
 New Owner Information:  
 Name: \_\_\_\_\_  
 Street: \_\_\_\_\_  
 City State Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_

*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: \_\_\_\_\_ Printed Name: \_\_\_\_\_  
 Title: \_\_\_\_\_ Date: \_\_\_\_\_

