



City of Chicago  
 Richard M. Daley  
 Mayor

**Department of Business Affairs  
 and Licensing**  
 Public Way Use Unit  
 333 S. State St., Suite 310  
 Chicago, IL 60604-3977

**Business Information Sheet**

Account: \_\_\_\_\_

DBA Name: \_\_\_\_\_

Location: \_\_\_\_\_

1. Do you or have you ever had an account with the Department of Business Affairs and Licensing?  Yes  No

2. Please indicate your business type:

- Sole Proprietor
- Corporation (Profit or Not-For-Profit)
- Partnership
- Limited Partnership
- Limited Liability Company (LLC)
- Not-For-Profit Club (Corporation)
- Individual (if you do not own/operate a business)
- Trust

3. What date did your business open?   -   -

You must answer question 4a or question 4b

4a. What is the legal name of your Corporation, Partnership, Limited Partnership, Limited Liability Company, or Not-For-Profit Club (Corporation)?

\_\_\_\_\_

4b. If you are a Sole Proprietor or Individual, what is your legal name?

\_\_\_\_\_

First Middle Last

5. What is your FEIN Number? \_\_\_\_\_

6. What is your IBT Number? \_\_\_\_\_

7. In what state did you incorporate? \_\_\_\_\_  
 (If Corporation or LLC)

8. What date did you incorporate? \_\_\_\_\_  
 (If Corporation or LLC)

9. What is your File number with the State of Illinois? \_\_\_\_\_  
 (If Corporation, Not-For-Profit Club, LLC or Limited Partnership)

10. What is your business name or Doing Business As (DBA)? \_\_\_\_\_

11. What is your State of Illinois Exemption Number, if applicable? \_\_\_\_\_

12. What is the expiration date for your state of Illinois Exemption number, if applicable? \_\_\_\_\_



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13. Describe your business activity. Please mention all product or service lines offered by your business.

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14. Who is the primary contact person for this business?

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First

Middle

Last

15. What is the primary contact person's telephone number?

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16. What is the primary contact person's mailing address?

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Street Number

Dir

Street Name

Suite/Apt#

Floor Number

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City

State

Zip Code

17. What is the phone number for this site? \_\_\_\_\_

18. What is the FAX number for this site? \_\_\_\_\_

19. What is the e-mail address for this site? \_\_\_\_\_

20. What is your property identification number for the location where your business transactions or public way use occur?

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21. Please mark the following box with an "X" if this property is held in trust.   
(If not in trust, please continue with question 22.)

22. If trust, what is the name of the trust beneficiary? \_\_\_\_\_  
(If individual, please indicate First, Middle and Last Name.)

23. Please mark the following box with an "X" if this business is an existing business that you purchased.





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Phone Number \_\_\_\_\_ FAX Number \_\_\_\_\_ E-mail Address \_\_\_\_\_

**Section II – Legal Entity Owner**

What is the legal name of your Corporation, Partnership, Limited Partnership or Limited Liability Company?

\_\_\_\_\_

What is your Legal Entity Type?

- Corporation
- Partnership
- Limited Partnership
- Limited Liability Company

What is your File Number with the State of Illinois? \_\_\_\_\_ What is your FEIN Number? \_\_\_\_\_  
(If Corporation, Not-For-Profit Club, LLC or Limited Partnership)

What is your IBT Number? \_\_\_\_\_ In what state did you incorporate? \_\_\_\_\_  
(If Corporation or LLC)

What date did you incorporate? \_\_\_\_\_ Percentage of Ownership \_\_\_\_\_ %  
(If Corporation or LLC)