

Questions? Contact Us:  
Ph. 309-494-8505  
Email: AR@peoriagov.org  
Web Address: https://www.peoriagov.org/270

**CITY OF PEORIA, IL  
CITY TAX APPLICATION**

City Assigned Taxpayer Number:

**Business /**

**Trade Name:** \_\_\_\_\_

**Local Phone #:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Location**

**Address:** \_\_\_\_\_

**Mailing Address:**

(If other than above) \_\_\_\_\_

**Number of business sites within the City of Peoria:** \_\_\_\_\_

**List Each Site Individually. Use additional sheets if necessary.**

Business Site Name	Address
_____	_____
_____	_____
_____	_____

**State of Illionois ROT #**

(Sales tax number): \_\_\_\_\_

**FEIN or Social**

**Security Number:** \_\_\_\_\_

**Type of Ownership**

Sole

**(Circle one):**

Proprietorship

Corporation

Partnership

Other

**If Corporation:**

Date of Incorporation: \_\_\_\_\_

State of Corporation \_\_\_\_\_

Corporation Office Address: \_\_\_\_\_

Corporation Name: \_\_\_\_\_

Are you authorized to do business in the State of Illinois?

Yes

No

Name and address of Illinois Registered Agent: \_\_\_\_\_

List owner, corporate officers or general partners (Use additional sheets if necessary)

Name

Title

Address

**Person/Desgnee who will be submitting tax / fee returns:**

Name

Title

Address

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**I declare that I have examined this application and to the best of my knowledge and belief the information entered on this form is true, correct and complete.**

Date: \_\_\_\_\_

Signature of Owner/Officer

Or Authorized Designee

Print or type name signed above

**Completed Forms should be returned to:**

City of Peoria  
419 Fulton St. Rm. 111  
Peoria, IL 61602