

Illinois Business Registration Application

Illinois Secretary of State

Business Information:

- Business Name: _____
- Business Address: _____
- City: _____ State: _____ Zip Code: _____
- Business Phone Number: _____
- Business Email: _____

Business Structure:

- Sole Proprietorship
- Partnership
- Corporation
- LLC
- Other: _____

Owner/Principal Information:

Name	Title	Contact Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Description of Business Activity:

Federal Employer Identification Number (FEIN):

Illinois Department of Revenue Account Number:

Signature:

Date: