



Finance Department • 102 N Neil St • Champaign IL 61820 • (217) 403-8940 • fax (217) 403-8995 • www.ci.champaign.il.us

## HOTEL MOTEL TAX REGISTRATION

BUSINESS NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

ILLINOIS DEPARTMENT OF REVENUE REGISTRATION NUMBER: \_\_\_\_\_ - \_\_\_\_\_

ADDRESS OF BUSINESS SITE IF DIFFERENT THAN ABOVE:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DATE BUSINESS STARTED AT THIS LOCATION: \_\_\_\_\_

TYPE OF ORGANIZATION:  SOLE PROPRIETORSHIP  
 PARTNERSHIP  
 CORPORATION  
 OTHER (SPECIFY) \_\_\_\_\_

OWNER(S), CORPORATE OFFICERS, OR PARTNERS:

NAME TITLE ADDRESS

NAME TITLE ADDRESS

NAME TITLE ADDRESS

Under penalties as provided by law, I declare that to the best of my knowledge and belief, the information on this form is true, correct and complete. The information provided here is proprietary commercial & financial information and disclosure would cause competitive harm.

\_\_\_\_\_  
Signature of Officer Empowered to Sign

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name & Title