



**CITY OF CHICAGO  
DEPARTMENT OF FINANCE  
AFFIDAVIT FOR INITIAL TAXABLE PERIOD**

I, \_\_\_\_\_, as authorized representative, holding the title of \_\_\_\_\_

(Business Representative)

hereby attest that \_\_\_\_\_

(Title)

(Business Name)

located at \_\_\_\_\_ and having Chicago

(Street Address)

(City)

(State)

(Zipcode)

Department of Finance tax account number \_\_\_\_\_ - \_\_\_\_\_ is liable for remitting

(IRIS No.)

(Site No.)

and/or collecting the City of Chicago \_\_\_\_\_ . I further

(Tax Type)

attest that the first taxable day on which above referenced entity had the legal obligation to

collect and/or remit for this tax type is \_\_\_\_\_ for the following

reason(s):

(First Date Subject to Tax)

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I further attest that I have the knowledge and authority to make the above statements.

**I hereby certify, under penalty of perjury, that the information contained in this affidavit is true and correct.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Full Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email Address

NOTARY PUBLIC

Subscribed and sworn before me this \_\_\_\_\_ day

(SEAL)

of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
My Commission Expires

**If you have any questions regarding this affidavit, please call Customer Service at (312)747-4747.**  
**Note:** If you are purchasing a business in the City of Chicago, you are required per section 3-4-140 of the Uniform Revenue Procedures Ordinance to file a Bulk Sales Notification.

Email completed document to [RevenueDatabase@cityofchicago.org](mailto:RevenueDatabase@cityofchicago.org)  
or Fax to: (312) 747-1890 attn: Database Unit  
Or Mail To:  
Chicago Department of Finance  
Database Management Unit  
333 South State Street, Suite 300  
Chicago, IL 60604-3977

*Authorized use Only*

Date Received: \_\_\_\_\_  
Processed by: \_\_\_\_\_  
Date Processed: \_\_\_\_\_