Chicago Department of Finance
Tax Division – Bulk Sales Unit
2 N. LaSalle Street, Suite 1310
Chicago, IL 60602
(312) 747-4747

BULK SALES NOTIFICATION

Date of Notice: _____ Date of Intended Sale:_____

I. Identify the Business being sold:

Business Name: _____
D/B/A: _____
Business Address: _____
City: _____ State: _____ ZIP Code: _____
Business Phone: _____ Email Address: _____
Federal ID # (FEIN): _____ IL IBT #: _____
City Account Number (IRIS #): _____
Business Structure (e.g., sole proprietor, partnership, corporation): _____
Business Activity: _____
Number of Years at Site: _____ Last Date of Operation (if Applicable): _____
Taxes Currently Registered For (attach a schedule, if necessary):
Tax Code: _____ Start Date: _____ Tax Code: _____ Start Date: _____
Tax Code: _____ Start Date: _____ Tax Code: _____ Start Date: _____

II. Identify the Property being sold:

Description of Property Being Sold (attach a schedule, if necessary):
_____
_____
_____

Property Index Number (PIN) for Real Estate Being Sold (if real estate is part of Business with City of Chicago license): _____
Medallion Number(s) (if applicable): _____

III. Sales Price (attach copy of agreement):

Purchase Price: $ _____
Price attributed to Real Estate (if real estate part of Business with City license): $ _____
Amount Escrowed for City of Chicago taxes, interest, penalties, non-tax debts, and other debts owed by the seller/transferor to the City of Chicago: $ _____

IV. Transferor/Seller Information:

Business Name: _____
D/B/A: _____
Business Address: _____
City: _____ State: _____ ZIP Code: _____
Business Phone: _____ Email Address: _____
Federal ID # (FEIN/SSN): _____ IL IBT #: _____
City Account Number (IRIS #): _____
Business Structure (e.g., sole proprietor, partnership, corporation):_____
Business Activity: _____
Driver's License # (if sole proprietor): _____
_____

Attorney's Name: _____

Attorney's Signature: _____

V. Transferee/Buyer Information:

Business Name: _____
D/B/A: _____
City: _____ State: _____ ZIP Code: _____
Business Phone: _____ Email Address: _____
Federal ID # (FEIN/SSN): _____ IL IBT #: _____
City Account Number (IRIS #): _____
Business Structure (e.g., sole proprietor, partnership, corporation):_____
Business Activity: _____
Driver's License # (if sole proprietor): _____
Taxes Currently Registered For (attach a schedule, if necessary):
Tax Code: _____ Start Date: _____ Tax Code: _____ Start Date: _____
Tax Code: _____ Start Date: _____ Tax Code: _____ Start Date: _____

Attorney's Name: _____

Attorney's Signature: _____

Print Name of Filer: _____

Signature of Filer: _____

Person Representing Filer: _____

Note: Both the State of Illinois Department of Revenue and the Cook County Department of Revenue may also require the filing of a separate Bulk Sales Notice.

For Office Use Only: _____

Date Received: _____ 45 Days Allowance: YES____ NO _____