



**CHICAGO DEPARTMENT OF FINANCE  
TAX DIVISION  
BULK SALES UNIT  
DEPAUL CENTER, SUITE 300  
333 S. STATE ST., CHICAGO, ILLINOIS 60604-3977  
TELEPHONE (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: \_\_\_\_\_ Business Fax: \_\_\_\_\_  
Federal ID # (FEIN): \_\_\_\_\_ IL IBT #: \_\_\_\_\_  
City IRIS # / City Account #: \_\_\_\_\_  
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: \_\_\_\_\_

### **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 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, nontax 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: \_\_\_\_\_ Business Fax: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Federal ID # (FEIN/SSN): \_\_\_\_\_ IL IBT #: \_\_\_\_\_  
City IRIS # / City Account # : \_\_\_\_\_  
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: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Business Phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Federal ID # (FEIN/SSN): \_\_\_\_\_ IL IBT #: \_\_\_\_\_  
City IRIS # / City Account # : \_\_\_\_\_  
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: \_\_\_\_\_  
  
Attorney's Name: \_\_\_\_\_  
  
Attorney's Signature: \_\_\_\_\_

\_\_\_\_\_  
Print Name of Filer

\_\_\_\_\_  
Signature of Filer

\_\_\_\_\_  
Person Representing Filer

**Note: The Illinois Department of Revenue may also require the filing of a Bulk Sales Notice. Call (312) 814-3063 or Fax (312) 793-3841.**

**For Office Use Only:**

Date Received: \_\_\_\_\_ 45 Days Allowance: YES \_\_\_\_\_ NO \_\_\_\_\_