



**Illinois  
Department of Commerce  
& Economic Opportunity**

Bruce Rauner, Governor

**Illinois Department of Commerce and Economic Opportunity  
Illinois Angel Investment Tax Credit Program  
Registration Form to Qualify New Business Venture**

Directions: Applications will be accepted on a first-come, first-serve basis and applications will be considered according to the following three points:

1. The business is principally engaged in products, methods for manufacturing or services enabled by innovation through proprietary technology
2. The business is undertaking pre-commercialization activities related to proprietary technology that includes conducting research, developing a new product or business process, or developing a service that is principally reliant on applying proprietary technology
3. The business is NOT principally engaged in real estate development, insurance, banking, lending, lobbying, political consulting, professional services, wholesale or retail trade, leisure, hospitality, transportation, or construction (except for construction of power production plants that derive energy from a renewable energy resource)

All applicants must be authorized to do business in Illinois and in good standing with the Illinois Secretary of State or the application will not be considered for approval.

Businesses are not eligible for this program if it has received \$10 million in aggregate private equity investments.

If more space is needed, please attach additional sheets and label them appropriately.

Please email all applications to [angelinvestment@illinois.gov](mailto:angelinvestment@illinois.gov).

<b>Has your business raised \$10 million or more in private equity?</b>		<b>Yes</b>	<b>No</b>
<i>Please note: A capitalization table is required for verification, please attach to submission.</i>			
<b>Business Name:</b>			
<b>Business Address:</b>		<b>PO Box/Suite/Apt:</b>	
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>	
<b>Telephone:</b>		<b>Fax #:</b>	
<b>Business Email:</b>		<b>FEIN #:</b>	
<b>Contact Name:</b>		<b>Telephone #:</b>	
<b>Title:</b>		<b>Email:</b>	

	<b>Registered in the Business Enterprise Program (Minority, Women or Person with Disability Owned Business)</b>
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**Please list business owners that own 25% or more of the business:**

<b>Name</b>	<b>Social Security #</b>

<b>Is the business' headquarters located in Illinois?</b>	<b>Yes</b>	<b>No</b>
If yes, please list which city in Illinois:		
<b>Does your business have 100 or fewer employees at the time of initial registration?:</b>	<b>Yes</b>	<b>No</b>
<b>Are at least 51% of the employees employed by the business employed in IL?</b>	<b>Yes</b>	<b>No</b>
<b>What is the total number of full-time* employees for the entire business?</b>		
<small>*employee must be currently employed and have worked a minimum of 13 weeks @ 35 hrs/wk</small>		
<b>What is the total number of full-time employees in Illinois?</b>		

<b>What is the average salary of all employees at your business?</b>		
<b>Does the business have potential for increasing jobs in Illinois?</b>	<b>Yes</b>	<b>No</b>
If yes, please provide an estimated number of jobs to be created along with a narrative on how that will be accomplished:		
<b>Does the business have potential for increasing capital investment in Illinois?</b>	<b>Yes</b>	<b>No</b>
If yes, provide an estimated amount of total capital to be placed in service:		



Is the company principally engaged in innovation in any of the following (check all that apply)?

	<b>Manufacturing</b>
	<b>Biotechnology</b>
	<b>Nanotechnology</b>
	<b>Communications</b>
	<b>Agricultural Sciences</b>
	<b>Clean Energy Creation or Storage Technology</b>
	<b>Medical Devices</b>
	<b>Pharmaceuticals</b>
	<b>Computer Software or Computer Hardware</b>
	<b>Semiconductors</b>
	<b>Producing Products while Using Manufacturing Methods that are Enabled by Applying Proprietary Technology</b>
	<b>Other Innovation Technology Products</b>

If 'Other Innovative Technology Products' is checked, please describe:

Please check all that apply to your business:

	<b>Conducting research that is principally reliant on applying proprietary technology</b>
	<b>Developing or has developed a new product that is principally reliant on applying proprietary technology</b>
	<b>Developing or has developed a new business process that is principally reliant on applying proprietary technology</b>
	<b>Developing or has developed a new service that is principally reliant on applying proprietary technology</b>

**Please describe the nature of the business which is seeking to register as a qualified new business venture with the Department of Commerce and Economic Opportunity:**

**Please describe why your business should be considered innovative. Describe, in detail, any newly developed products, newly developed business model or business service that is principally reliant on applying proprietary technology. Please include any patents, FDA approvals, certifications, etc.:**

**Explain how your innovation is utilized in your business's day to day work:**

**Does the business own the innovative product?      Yes      No**

**Business Certifications**

**Signature** – By signing and dating this application, I am attesting that the registration information is true and correct, and I am granting the Department of Commerce and Economic Opportunity access to material, documentation and other data required to verify application information.

**Authorized Executive Officer:**

**Name:** \_\_\_\_\_  
(typed or printed)

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Business FEIN # or Individual SS#:** \_\_\_\_\_

**Business Tax Certification**

The company certifies that it is a company in good standing, authorized to do business in Illinois and has no delinquent tax liabilities. The company further authorizes the Department of Commerce and Economic Opportunity to seek a tax clearance letter from the Illinois Department of Revenue and authorizes the Department of Revenue to provide such a letter stating whether the records of the Department show that Borrower is in compliance with all tax Acts administered by the Department of Revenue and to which Borrower is subject.

The company also certifies that no tax liens, including but not limited municipal, county, state or federal liens, have been filed against the company, the majority shareholders of the company, or in the name of related business owned by the applicant.

The company certifies that all information contained in this application, including the documentation, is true to the best of his/her knowledge and belief.

**Authorized Executive Officer:**

**Name:** \_\_\_\_\_  
(typed or printed)

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_