



**Illinois
Department of Commerce
& Economic Opportunity**

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

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|-----------------------------|-----------------|-----------|
| BUSINESS NAME: | | |
| BUSINESS ADDRESS: | PO BOX / Suite: | |
| CITY: | STATE: | ZIP CODE: |
| TELEPHONE: | FAX #: | |
| BUSINESS EMAIL: | FEIN#: | |
| NAICS CODE (IF APPLICABLE): | | |
| CONTACT: | TELEPHONE: | |
| TITLE: | EMAIL: | |

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| IS THE BUSINESS' HEADQUARTERS LOCATED IN ILLINOIS? YES NO IF YES, PLEASE LIST WHICH CITY IN ILLINOIS. |
| PLEASE LIST WHICH ILLINOIS COUNTY THE HEADQUARTERS IS LOCATED WITHIN: |
| DOES YOUR BUSINESS HAVE 100 OR FEWER EMPLOYEES AT THE TIME OF INITIAL REGISTRATION? YES NO |

IS AT LEAST 51% OF THE EMPLOYEES EMPLOYED BY THE BUSINESS EMPLOYED IN THIS STATE?
YES NO

WHAT IS YOUR TOTAL NUMBER OF FULL-TIME EMPLOYEES FOR THE ENTIRE BUSINESS?

WHAT IS YOUR TOTAL NUMBER OF FULL-TIME EMPLOYEES IN ILLINOIS?

DOES THE BUSINESS HAVE POTENTIAL FOR INCREASING JOBS IN ILLINOIS? YES NO
IF YES, PLEASE PROVIDE ESTIMATED NUMBER OF JOBS TO BE CREATED (PLEASE ATTACH
NARRATIVE OR DESCRIPTIVE OF HOW THAT WILL BE ACCOMPLISHED).

DOES THE BUSINESS HAVE POTENTIAL FOR INCREASING (PLACING) CAPITAL INVESTMENT
(EQUIPMENT PURCHASES, EMPLOYEE WAGES, WORK SPACE EITHER RENTED OR PURCHASED,
ETC.) IN ILLINOIS? YES NO
IF YES, PLEASE PROVIDE ESTIMATED AMOUNT OF TOTAL CAPITAL TO BE PLACED IN SERVICE
(PLEASE ATTACH NARRATIVE OR DESCRIPTIVE OF HOW THAT WILL BE ACCOMPLISHED).

HOW MANY YEARS HAS YOUR BUSINESS BEEN IN OPERATION IN ILLINOIS?

IF YOUR BUSINESS IS REGISTERED AS ELIGIBLE, WOULD YOU PREFER TO RECEIVE THE LETTER OF
ELIGIBILITY VIA EMAIL (PDF) OR THROUGH STANDARD U.S. MAIL? EMAIL U.S. Mail

DOES YOUR BUSINESS INTEND TO BE IN OPERATION IN ILLINOIS FOR **NO LESS** THAN 3 YEARS
FOLLOWING PROGRAM CERTIFICATION? YES NO

PLEASE LIST TOTAL AMOUNT OF AGGREGATE PRIVATE EQUITY INVESTMENT IN CASH OR
INVESTMENT RECEIVED SINCE FORMATION:

IS THE BUSINESS **PRINCIPALLY ENGAGED** IN REAL ESTATE DEVELOPMENT, INSURANCE, BANKING, LENDING, LOBBYING, POLITICAL CONSULTING, PROFESSIONAL SERVICES PROVIDED BY ATTORNEYS, ACCOUNTANTS, BUSINESS CONSULTANTS, PHYSICIANS, OR HEALTH CARE CONSULTANTS, WHOLESALE OR RETAIL TRADE, LEISURE, HOSPITALITY, TRANSPORTATION, OR CONSTRUCTION (EXCEPT CONSTRUCTION OF POWER PRODUCTION PLANTS THAT DERIVE ENERGY FROM RENEWABLE ENERGY RESOURCE). YES NO

IS THE COMPANY PRINCIPALLY ENGAGED IN INNOVATION IN ANY OF THE FOLLOWING?

PLEASE CHECK ONE OR ALL THE BOXES WHICH APPLY:

- MANUFACTURING
- BIOTECHNOLOGY
- NANOTECHNOLOGY
- COMMUNICATIONS
- AGRICULTURAL SCIENCES
- CLEAN ENERGY CREATION OR STORAGE TECHNOLOGY
- MEDICAL DEVICES
- PHARMACEUTICALS
- COMPUTER SOFTWARE OR COMPUTER HARDWARE
- SEMICONDUCTORS
- OTHER INNOVATIVE TECHNOLOGY PRODUCTS
- PRODUCING PRODUCTS WHILE USING MANUFACTURING METHODS THAT ARE ENABLED BY APPLYING PROPRIETARY TECHNOLOGY

PLEASE CHECK ONE OR ALL THE BOXES WHICH APPLY:

- CONDUCTING **RESEARCH** THAT IS PRINCIPALLY RELIANT ON APPLYING PROPRIETARY TECHNOLOGY
- DEVELOPING OR HAS DEVELOPED A **NEW PRODUCT** THAT IS PRINCIPALLY RELIANT ON APPLYING PROPRIETARY TECHNOLOGY
- DEVELOPING OR HAS DEVELOPED A **NEW BUSINESS PROCESS** THAT IS PRINCIPALLY RELIANT ON APPLYING PROPRIETARY TECHNOLOGY
- DEVELOPING OR HAS DEVELOPED A **NEW SERVICE** THAT IS PRINCIPALLY RELIANT ON APPLYING PROPRIETARY TECHNOLOGY

Business Description: Please describe the nature of the business which is seeking to register as a qualified new business venture with the Department (Please attach an additional sheet if more space is needed).

Success Stories: If applicable, please list and describe any of your success stories (benchmarks achieved, commercialization success, patents published, industry recognized, published news articles, awarded additional grants or funding, etc.) *Please attach an additional sheet if more space is needed.

Description of Innovation: Please describe why your business should be considered innovative. Describe any ***newly developed products, newly developed business model or business service that is principally reliant on applying proprietary technology, etc*** (Has any of your innovative products or services received patent protection, or a patent is pending, your product has gained FDA approval, etc?). -*Please attach an additional sheet if more space is needed.

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 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's 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:** _____