



Illinois
Department of Commerce
& Economic Opportunity

Illinois Department of Commerce and Economic Opportunity
Illinois Angel Investment Tax Credit Program
Form to Re-Register Qualified New Business Venture

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

IS THE BUSINESS STILL HEADQUARTERED IN ILLINOIS?	YES	NO
IF YES, PLEASE LIST WHICH CITY IN ILLINOIS:		
PLEASE LIST WHICH ILLINOIS COUNTY THE HEADQUARTERS IS LOCATED WITHIN:		

PLEASE LIST HOW MANY POSITIONS YOUR BUSINESS HAS ADDED IN ILLINOIS DURING THE PREVIOUS PROGRAM YEAR:

DOES THE BUSINESS HAVE POTENTIAL TO FURTHER CREATE JOBS IN ILLINOIS? YES NO
IF YES, PLEASE PROVIDE ESTIMATED NUMBER OF JOBS TO BE CREATED:

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?

PLEASE LIST THE APPROXIMATE AMOUNT OF CAPITAL INVESTMENT (EQUIPMENT PURCHASES, EMPLOYEE WAGES, WORK SPACE EITHER RENTED OR PURCHASED, ETC.) THAT YOUR BUSINESS PLACED IN ILLINOIS DURING THE PREVIOUS PROGRAM YEAR:

DOES THE BUSINESS HAVE POTENTIAL TO FURTHER PLACE CAPITAL INVESTMENT IN ILLINOIS
YES NO

IF YES, PLEASE PROVIDE ESTIMATED AMOUNT OF TOTAL CAPITAL TO BE PLACED IN SERVICE:

IF APPLICABLE, PLEASE LIST AND DESCRIBE ANY OF YOUR SUCCESS STORIES FROM THE PREVIOUS YEAR (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:

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 Natural Person'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:** _____