



# Business Entity Registration

FOR OFFICE USE ONLY

PLEASE TYPE OR PRINT IN BLACK INK

Full name and complete mailing address of Business Entity:

E-MAIL ADDRESS:

FEDERAL TAX IDENTIFICATION NUMBER

CHECK HERE IF NAME OR ADDRESS CHANGE

**SEE 10 ILCS 5/9-35 FOR GUIDANCE.**

NEW REGISTRATION

AMENDED REGISTRATION

1. AFFILIATED ENTITY: [ List all affiliated entities as defined in 30 ILCS 500/50-37(a) of the Illinois Procurement Code]

NAME:

ADDRESS:

CITY:

STATE:

ZIP CODE

NATURE OF AFFILIATION:

NAME:

ADDRESS:

CITY:

STATE:

ZIP CODE

NATURE OF AFFILIATION:

NAME:

ADDRESS:

CITY:

STATE:

ZIP CODE

NATURE OF AFFILIATION:

\*IF MORE SPACE FOR INFORMATION IS REQUIRED, PLEASE ATTACH ADDITIONAL SHEETS.

NAME OF BUSINESS ENTITY	FEDERAL TAX IDENTIFICATION NUMBER:
2.	<p><b>AFFILIATED PERSON:</b> [List all affiliated persons as defined in 30 ILCS 500/50-37(a) of the Illinois Procurement Code]</p> <p>NAME:  IS THE AFFILIATED PERSON UNDER 18 YEARS OF AGE? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>ADDRESS:  CITY:  STATE:  ZIP CODE:  NATURE OF AFFILIATION:</p> <p>NAME:  IS THE AFFILIATED PERSON UNDER 18 YEARS OF AGE? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>ADDRESS:  CITY:  STATE:  ZIP CODE:  NATURE OF AFFILIATION:</p> <p>NAME:  IS THE AFFILIATED PERSON UNDER 18 YEARS OF AGE? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>ADDRESS:  CITY:  STATE:  ZIP CODE:  NATURE OF AFFILIATION:</p>

\*IF MORE SPACE FOR INFORMATION IS REQUIRED, PLEASE ATTACH ADDITIONAL SHEETS.

**VERIFICATION OF ACCURACY**

I DECLARE THAT THIS CERTIFICATE OF REGISTRATION (INCLUDING ALL AFFILIATED BUSINESSES AND AFFILIATED PERSONS) HAS BEEN EXAMINED BY ME AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IS A TRUE, CORRECT AND COMPLETE CERTIFICATE OF REGISTRATION AS REQUIRED BY ARTICLE 9-35 OF THE ELECTION CODE. I UNDERSTAND THAT A COPY OF THIS CERTIFICATE WILL BE PROVIDED TO EACH AFFILIATED ENTITY AND EACH AFFILIATED PERSON WITHIN 10 BUSINESS DAYS OF REGISTRATION. VIOLATION OF THIS REQUIREMENT IS SUBJECT TO A FINE NOT TO EXCEED \$1001. **I UNDERSTAND ANY CHANGE IN THE INFORMATION PROVIDED IN THIS REGISTRATION SHALL BE REPORTED TO THE ILLINOIS STATE BOARD OF ELECTIONS WITHIN 2 BUSINESS DAYS (10 BUSINESS DAYS FOR BUSINESSES WITH EXISTING STATE CONTRACTS). FAILURE TO DO SO IS SUBJECT TO A CONTINUING PENALTY OF \$1000 PER DAY.**

**PRINTED NAME AND SIGNATURE OF BUSINESS ENTITY AGENT**

**DATE**

THE ILLINOIS STATE BOARD OF ELECTIONS REQUIRES A CERTIFICATE OF REGISTRATION IF YOU QUALIFY AS A BUSINESS ENTITY, AFFILIATE OF A BUSINESS ENTITY, OR AN AFFILIATED PERSON OF A BUSINESS ENTITY AS OUTLINED UNDER PUBLIC ACT 95-0971. WILLFUL FAILURE TO FILE OR WILLFUL FILING OF FALSE OR INCOMPLETE INFORMATION REQUIRED BY THIS ARTICLE SHALL CONSTITUTE A BUSINESS OFFENSE SUBJECT TO A FINE NOT TO EXCEED \$5000 PER VIOLATION. THIS FORM IS IN COMPLIANCE WITH THE FORMS MANAGEMENT PROGRAM ACT. THIS FORM IS AUTHORIZED BY PUBLIC ACT 95-0971 AND IS REQUIRED FOR BUSINESS ENTITIES COVERED BY THE ACT. FAILURE TO COMPLY WITH THE REGISTRATION REQUIREMENTS OF THE ACT MAY RESULT IN ANY CONTRACT BETWEEN THE STATE AND SUCH BUSINESS ENTITY BEING VOIDED, OR ANY BID OR PROPOSAL BEING REJECTED.

**BUSINESS ENTITIES FILE THIS FORM AT:  
STATE BOARD OF ELECTIONS  
1020 S SPRING ST  
SPRINGFIELD, IL 62704-2924**