



SMART BUSINESS ILLINOIS REGISTRATION FORM (please print)

EVENT

TODAY'S DATE

BUSINESS OWNER INFORMATION

MR. MRS.	MS. MISS	FIRST NAME	LAST NAME	MIDDLE INITIAL
BUSINESS STREET ADDRESS		NAME OF BUSINESS		
P.O. BOX		EMAIL ADDRESS		
CITY		COMPANY WEBSITE		
COUNTY	CELL PHONE	BUSINESS PHONE		
STATE	BRIEF DESCRIPTION OF BUSINESS			
ZIP CODE				

SMART BUSINESS ILLINOIS INFORMATION

HOW LONG HAS YOUR COMPANY BEEN IN BUSINESS?

THINKING ABOUT CREATING
A NEW BUSINESS

START-UP

1-4 YEARS

5-10 YEARS

10+ YEARS

BUSINESS GOAL:

BEP CERTIFICATION

SMALL BUSINESS SET-ASIDE REGISTRATION

VETERAN BUSINESS CERTIFICATION

SIGNATURES

SIGNATURE OF OWNER	SIGNATURE OF SMART BUSINESS ILLINOIS REPRESENTATIVE	DATE
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USE ONE OF THE FOLLOWING OPTIONS TO SUBMIT:

MAIL:

Illinois Office of Comptroller
555 W. Monroe Suite 1400S-A
Chicago, Illinois 60661
Attn: Constituent Affairs

EMAIL: wesley.kosla@illinoiscomptroller.gov

FAX: (312) 814-3117

FOR MORE INFORMATION CALL: 312-814-0033