

Business Entity: GABAZZO LLC

Location Researched: 1228 S Avers Ave Chicago IL 60623

Business Description: We let contractors create a FREE company profile with us, we give them FREE leads. Once they've received a Job & got paid by a consumer.

We take 13% f

The enclosed license research package is based on the location and business description indicated above.

### ADDITIONAL SERVICES

#### License Filing

**We help you secure and maintain all required business licenses, permits, and tax registrations.**

Whether your business operates as a multi-state operation or in a single location, our professionals guide you through the entire licensing process by:

- obtaining and preparing the most up-to-date application forms
- providing you with detailed instructions regarding any required supporting documentation and/or signature
- assemble the completed application and file with the appropriate licensing agency
- follow up with the licensing agency to achieve fast results

#### License Compliance with

**We manage your entire licensing portfolio.**

Multi-state operations are faced with managing numerous licenses with varying renewal dates and fees. We will maintain your license information, supporting documents, and renewal dates in our secure, web-based portal. As a client, you can:

- log in and view all licenses that your business currently holds
- receive automatic renewal, annual report, and license status change notifications via email
- view all renewal dates and state fees for budgeting and forecasting
- access all relevant corporate documents and filed applications

#### License Verification

**We verify that all your existing business licenses are valid.**

We help your business avoid unnecessary fines or penalties by:

- verifying whether your current licenses are in good standing and providing all relevant license information
- providing the necessary forms and instructions to apply for or reinstate any licenses that are not in good standing

#### License Assessment

**We research all requirements, verify existing licenses, and identify gaps.**

Are you sure that your business is fully compliant with all federal, state, and local licensing requirements? We will give you peace of mind by:

- determining all the licenses and permits your business needs at the federal, state, county and municipal level
- obtaining confirmation of licenses status and renewal dates for licenses already held by your business
- identifying gaps in your license portfolio and providing the appropriate applications to quickly become compliant

Jurisdiction: Illinois

License: Corporate Income/Withholding Tax

Application: Business Registration Application

Submit completed application, fee, and supporting documentation to:

Central Registration Division  
Illinois Department of Revenue  
PO Box 19030  
Springfield, IL 62794

This form may be filed online [HERE](#).

Licensing Agency Phone Number: (217) 785-3707

Fee: No Fee.

Notes:

Any business paying wages to employees in the State of Illinois must register for withholding tax.

The Illinois Income Tax is imposed on every corporation earning or receiving income in Illinois. The tax is calculated by multiplying net income by a flat rate. The Illinois Income Tax is based, to a large extent, on the federal income tax code.

Additional information may be found online [HERE](#).



## Step 3: Tell us about your business activities

11 Describe your business activities: \_\_\_\_\_

Provide your North American Industry Classification System (NAICS) number: \_\_\_\_\_

Refer to the website [www.naics.com](http://www.naics.com)

12 Will you have Illinois employees? \_\_\_\_ Yes \_\_\_\_ No  
If yes, complete and attach **Schedule REG-UI-1**.

**When was (is) the date of your first payroll in Illinois?**  
\_\_\_\_ / \_\_\_\_ / \_\_\_\_

13 Check all that apply to your type of business.

### Sales and Use Tax

**When will (did) these activities begin?** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

You must complete and attach Schedule REG-1-L to identify all Illinois locations from which you make retail sales.

General merchandise: \_\_\_\_ Retail \_\_\_\_ Wholesale

Do you estimate your monthly sales and use tax liability will be over \$200? \_\_\_\_ Yes \_\_\_\_ No

Sales to Illinois customers from out of state

\_\_\_\_ Check if you have an Illinois presence, including, but not limited to having an office or other facility in Illinois or having employees or other representatives operating in Illinois.

\_\_\_\_ Check if you make \$100,000 or more in annual sales from your own sales to Illinois purchasers.

\_\_\_\_ Check if you make 200 or more separate transactions annually from your own sales to Illinois purchasers.

Check if you are a marketplace facilitator - **Attach Schedule REG-1-MKP.**

Soft drinks (other than fountain soft drinks) in Chicago

Vehicle, watercraft, aircraft, or trailers

Sales or delivery of tires. Do you **always** pay the Tire User Fee to your supplier? \_\_\_\_ Yes \_\_\_\_ No

Sales from vending machines. How many vending machines? \_\_\_\_\_

Liquor at retail (bar, tavern, liquor store, etc.)

Motor fuel/fuel: \_\_\_\_ Retail \_\_\_\_ Wholesale

### Attach Form REG-8-A

\_\_\_\_ Check here if you are required to collect prepaid sales tax.

Sales of Motor Fuel in a county that imposes County Motor Fuel Tax

Sales of Motor Fuel in a municipality that imposes Municipal Motor Fuel Tax

Aviation fuel: \_\_\_\_ Retail \_\_\_\_ Wholesale  
**(if wholesale, attach Form REG-8-A)**

Medical cannabis - **Attach Schedule REG-1-MC.**

\_\_\_\_ Cultivation Center \_\_\_\_ Dispensing Organization

**When will (did) these activities begin?** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Step 4: Sign below** - Under penalties of perjury, I state that I have examined this information and, to the best of my knowledge, it is true, correct, and complete. I further attest that I will be responsible for filing returns and paying all taxes due **unless** Schedule REG-1-R, Responsible Party Information, is attached to this application or forwarded to the department. Check here if you are attaching or forwarding Schedule REG-1-R:

Signature: \_\_\_\_\_

### Services

Do you transfer items, on which tax must be collected, as part of your service?

\_\_\_\_ Yes \_\_\_\_ No

**When will (did) this activity begin?** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### Purchaser (Self-assessed Use Tax)

Does your supplier collect Illinois Sales Tax for merchandise your business uses or consumes in Illinois?

\_\_\_\_ Yes \_\_\_\_ No

Does your supplier collect Illinois Sales Tax on sales of **aviation fuel** your business uses or consumes in Illinois?

\_\_\_\_ Yes \_\_\_\_ No

**When will (did) these activities begin?** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### Cigarettes and other tobacco products

Cigarettes - See **Schedule REG-1-C** before you check here.

Tobacco products - See **Schedule REG-1-C** before you check here.

Cigarette machine operator - See **Schedule REG-1-C** before you check here.

**When will (did) these activities begin?** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### Renting or leasing

Hotel rooms for less than 30 days - **Attach Schedule REG-1-L.**

Do you charge for telecommunication services?

\_\_\_\_ Yes \_\_\_\_ No

Vehicles for one year or less - **Attach Schedule REG-1-L.**

Vehicles for more than one year

**When will (did) these activities begin?** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### Utility providers

Electricity: \_\_\_\_ Retail \_\_\_\_ Wholesale

Natural gas: \_\_\_\_ Retail \_\_\_\_ Wholesale

Telecommunications - See **Schedule REG-1-T.**

\_\_\_\_ Retail \_\_\_\_ Wholesale

Water or sewer services

Are you a utility cooperative? \_\_\_\_ Yes \_\_\_\_ No

Are you a municipality? \_\_\_\_ Yes \_\_\_\_ No

**When will (did) these activities begin?** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### All other tax types

Liquor warehousing - **Attach Schedule REG-1-A.**

Dry cleaning: \_\_\_\_ Facility \_\_\_\_ Solvent supplier

Own/operate coin-operated amusement devices

You wish to purchase electricity for non-residential use and pay the tax to IDOR - **Attach Schedule REG-1-D.**

You wish to purchase natural gas from outside of Illinois for your own use and pay the tax to IDOR - **Attach Schedule REG-1-G.**

Not listed. Identify: \_\_\_\_\_

**When will (did) these activities begin?** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Mail your completed form, with any required attachments and payment to:**

**CENTRAL REGISTRATION DIVISION  
ILLINOIS DEPARTMENT OF REVENUE  
PO BOX 19030  
SPRINGFIELD IL 62794-9030**



Jurisdiction: IllinoisLicense: Unemployment TaxApplication: Report to Determine Liability

Submit completed application, fee, and supporting documentation to:

State of Illinois  
Department of Employment Security  
33 South State Street  
Chicago, IL 60603-2802

Licensing Agency Phone Number: (800) 247-4984

Fee: No Fee.

Notes:

Most for-profit employers become subject to the Illinois Unemployment Insurance Act and are liable for paying contributions as soon as they have paid \$1,500 in wages in a single calendar quarter, or employed one or more persons for 20 weeks in a given calendar year.

New hire reporting is required by federal law pursuant to Title 42 of U.S. Code, Section 653a of the Personal Responsibility and Work Opportunity Reconciliation Act. Reports must be made within 20 days after the date of hire. Click [here](#) for more information and to report your new hires in Illinois.



## REG-UI-1 FORM

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- For Businesses **without** a MyTax Illinois logon:

To complete your registration, go to <http://mytax.illinois.gov>. Select the “Registration” tab on the top right corner of the page. Click the “Register a new business” hyperlink and complete the online registration.

Once you have established your employer account, you can also use MyTax Illinois to complete all your unemployment insurance tax processing needs.

- For Businesses **with** a MyTax Illinois logon:

Logon to your MyTax account, under “I Want To” select the “Register a New Tax Accounts” hyperlink. Follow the steps to create your **Unemployment Insurance Account**.

Some helpful features available on MyTax Illinois:

- Submit your quarterly contribution and wage reports
- Make all your payments easily and safely
- View your tax letters and correspondence
- Request interest and penalty waivers
- View your new annual tax rates
- Maintain Power of Attorney relationships

*and much more...*

For more information contact IDES Employer Hotline at 1-800-247-4984



# Illinois Department of Employment Security and the Illinois Department of Revenue REG-UI-1 Report to Determine Liability Under the Unemployment Insurance Act



## Read this information first

Register faster using **MyTax Illinois**, our online account management program, at [mytax.illinois.gov](http://mytax.illinois.gov). If you have questions contact us weekdays between 8:30 a.m. and 5:00 p.m. at **(800) 247-4984**.

**Important:** Every newly created employing unit shall file this report within 30 days of the date upon which it commences business (820 ILCS 405/1800; 56 Ill. Adm. Code 2760.105). If you are registering a new business, complete and attach this form to your **REG-1, Illinois Business Registration Application**, available on the Illinois Department of Revenue website at [tax.illinois.gov](http://tax.illinois.gov).

## Step 1: Business Information

- 1 **Business Name:** \_\_\_\_\_ 2 **Doing Business As:** \_\_\_\_\_
- 3 **Primary Business Address:** \_\_\_\_\_  
(If address is a non-Illinois headquarters you are required to also answer question 4)
- 4 **Secondary Address:** \_\_\_\_\_  
(Physical location of your Illinois business or a secondary address where you conduct business in Illinois. If there is no additional address leave blank. If you want IDES correspondence sent to any other address than question 3 and 4, complete and attach IDES Form UI-1M Special Mailing Form and LE-10, Power of Attorney, if applicable)
- 5 **Phone Number:** \_\_\_\_\_ 6 **E-mail Address:** \_\_\_\_\_
- 7 **FEIN:** \_\_\_\_\_ - \_\_\_\_\_ 8 **IDES previously assigned employer account no.:** \_\_\_\_\_  
(If applicable)
- 9 **Type of organization (check one):**  Association  Cooperative  C-Corporation  Government  Municipal Government  
 Political Subdivision  Instrumentality  LLC-Corporation  LLC-Partnership  LLC-Single Member  Partnership  Receiver  
 S-Corporation  Sole Proprietor  Trustee in Bankruptcy  Trust/Estate  Other: \_\_\_\_\_  
(Describe)
- 10 **Is this a qualified settlement fund?**  Yes  No

## Step 2: Entity Information

- 11 What is your primary business activity in Illinois?  
\_\_\_\_\_

What is your principal product or service?  
\_\_\_\_\_

If you have more than one product or service, list the top two and indicate the percentages that each contributes to your total revenue:  
\_\_\_\_\_ % of Sales or receipts \_\_\_\_\_  
\_\_\_\_\_ % of Sales or receipts \_\_\_\_\_

Enter your NAICS Code here \_\_\_\_\_  
(If you do not know your NAICS Code refer to the Bureau of Labor Statistics website for the proper code)

- 12 If you are a **Corporation**:

Date of Incorporation \_\_\_\_\_ State in which incorporated \_\_\_\_\_

Has any form of remuneration, including dividends, been paid to the officers of this corporation?  Yes  No

- 13 If you are a **Limited Liability Company (LLC)**:

Are there any individuals performing services for the organization other than the member manager(s)?  Yes  No

How is the member manager(s) treated for federal tax purposes?

Sole Proprietor  Partner  Other (Explain) \_\_\_\_\_

If you are an **LLC-Corporation** indicate:

Date of Organization \_\_\_\_\_ State in which Organized \_\_\_\_\_

- 14 If you are a **Partnership**:

Are there any individuals performing services other than the partners?

Yes  No

- 15 If you are a **Sole Proprietor**:

Are there any individuals performing services, other than the sole proprietor, the sole proprietor's parent, spouse or child under the age of 18?  
 Yes  No

- 16 Date you first began employing workers in Illinois: \_\_\_\_\_

- 17 Date of your first payroll in Illinois: \_\_\_\_\_

- 18 Did you acquire your Illinois business or any portion of it by purchase, reorganization or a change in entity; for example, a change from sole proprietor to corporation?  Yes  No

If yes, you must complete and attach form UI-1 S&P, Report to Determine Succession. Also complete the remainder of the questions on this form. Responses to the questions on this form should reflect information relative to the operation of your business after the date of acquisition.

## Step 3: Liability Information

- 19 Have you incurred liability under the Federal Unemployment Tax Act (in any state) for any of the last 4 years?  Yes  No

If yes, indicate the year(s) for which you incurred such liability:  
\_\_\_\_\_

## Step 4: Additional Liability Information

**If you are not engaged in Domestic, Agricultural, Religious, Charitable, Educational, Nonprofit or Governmental services, skip to question 24.**

- 20 **Domestic Service Entities**

In regard to domestic service workers, in a private home, local college club, or local chapter of a college fraternity or sorority, if applicable check any of the following:

- a  If during the current calendar year, the past four calendar years, or the future four calendar quarters, there have been or there will be any quarter in which you paid wages of \$1,000 or more for domestic service.

Check the first such quarter during that period and indicate the year in which it did or will occur:

- Jan-Mar (Q1) \_\_\_\_\_  Apr-Jun (Q2) \_\_\_\_\_  
 Jul-Sept (Q3) \_\_\_\_\_  Oct-Dec (Q4) \_\_\_\_\_

- b  If you solely employ household workers and are eligible to use Schedule H (IRS Form 1040) for filing federal unemployment taxes for the workers (whether or not you use it), then you may elect to pay contributions for each quarter and submit wage reports for each month or quarter, as the case may be, on an annual basis. Check this box (20b) if you are eligible and would like to elect to file annually.



**21 Agricultural Entities**

In regard to agricultural labor, if applicable check any of the following:

- a  You employ, have employed, or will employ one or more workers to perform agricultural labor.
- b  During the current calendar year, the past four calendar years, or the future four calendar quarters, there has been or there will be any quarter in which you paid wages of \$20,000 or more for agricultural labor.

If so, check the first such quarter during that period and indicate the year in which it did or will occur:

- |  |   |
|--|---|
| <input type="checkbox"/> Jan-Mar (Q1) _____  | <input type="checkbox"/> Apr-Jun (Q2) _____ |
| <input type="checkbox"/> Jul-Sept (Q3) _____ | <input type="checkbox"/> Oct-Dec (Q4) _____ |

- c  During the current calendar year, the past four calendar years, or the future four calendar quarters, there has been or there will be any calendar year during which you employed 10 or more individuals to perform agricultural labor for at least 20 weeks (whether consecutive or not).

If so, check the first such quarter during that period and indicate the year in which it did or will occur:

- |  |   |
|--|---|
| <input type="checkbox"/> Jan-Mar (Q1) _____  | <input type="checkbox"/> Apr-Jun (Q2) _____ |
| <input type="checkbox"/> Jul-Sept (Q3) _____ | <input type="checkbox"/> Oct-Dec (Q4) _____ |

- d  If you checked 21a, 21b or 21c and your business includes any retail sales activity, check this box (21d).

**22 Religious, Charitable, Educational or Other Nonprofit Entities**

- a  Check if your organization is a religious, charitable, educational or other nonprofit organization as defined in **Section 501(c)(3)** of the Internal Revenue Code. If so, attach your federal IRS 501(c)(3) exemption letter to this application.
- b  During the current calendar year, the past four calendar years, or the future four calendar quarters, there have been or there will be any quarter in which you have had four or more workers to perform work for at least 20 weeks (whether or not consecutive).

If so, check the quarter that included the 20th week within which you have employed 4 or more individuals to perform religious, charitable education and/or nonprofit labor and indicate the year in which it did or will occur:

- |   |  |
|---|--|
| <input type="checkbox"/> Apr-Jun (Q2) _____ | <input type="checkbox"/> Jul-Sept (Q3) _____ |
| <input type="checkbox"/> Oct-Dec (Q4) _____ |  |

- c  Check if you wish to be a reimbursable employer. Complete and attach form **UI-5NP, Reimburse Benefits in Lieu of Paying Contributions**.

**23 Governmental Entities or Indian Tribes**

- a  Check if you wish to be a reimbursable employer. Complete and attach form **UI-5LG, Reimburse Benefits in Lieu of Paying Contributions**.
- b  Check if your organization is an Indian Tribe (including a subdivision, subsidiary or business enterprise wholly owned by an Indian Tribe).

**24 If you did not answer 20, 21, 22, 23, check any of the following boxes that apply and provide the requested information.**

- a  Have there or will there be, any calendar quarter in either the current calendar year, the past four calendar years, or the future four calendar quarters, in which you paid wages of at least \$1,500 for services in employment.

If so, check the first such quarter during that period and indicate the year in which it did or will occur:

- |  |   |
|--|---|
| <input type="checkbox"/> Jan-Mar (Q1) _____  | <input type="checkbox"/> Apr-Jun (Q2) _____ |
| <input type="checkbox"/> Jul-Sept (Q3) _____ | <input type="checkbox"/> Oct-Dec (Q4) _____ |

- b  Have there or will there be, any calendar quarter in either the current calendar year, the past four calendar years, or the future four calendar quarters, in which you have had one or more individuals performing services in employment in each of at least 20 weeks (whether consecutive or not).

If so, check the first such quarter during that period and indicate the year in which it did or will occur:

- |   |  |
|---|--|
| <input type="checkbox"/> Apr-Jun (Q2) _____ | <input type="checkbox"/> Jul-Sept (Q3) _____ |
| <input type="checkbox"/> Oct-Dec (Q4) _____ |  |

**Step 5: Additional Business Information****25 Voluntary Coverage**

If you are determined to be not liable for the payment of unemployment insurance taxes based upon the provisions of the Illinois Unemployment Insurance Act you may voluntarily elect coverage under **820 ILCS 405/302**.

- Check if you want voluntary coverage, complete and attach Form **UI-1B, Voluntary Election of Coverage**.

- 26** If you have multiple worksites in Illinois complete and attach Form **UI-ML, Multiple Worksites in Illinois**, found online at [ides.illinois.gov](http://ides.illinois.gov).

**Step 6: Certification and Signature**

I hereby certify that the information contained in this report, and any sheets or forms attached hereto, is true and correct. This report must be signed by the owner, a partner, or an authorized agent within the employing enterprise. If this document is signed by any other person, complete and attach the Illinois Department of Employment Security Form LE-10, Power of Attorney, available online at [ides.illinois.gov](http://ides.illinois.gov).

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

**Mail your completed form, with any required attachments to:**

**CENTRAL REGISTRATION DIVISION  
ILLINOIS DEPARTMENT OF REVENUE  
PO BOX 19030 MAIL CODE 3-222  
SPRINGFIELD IL 62794-9030**

**Illinois Department of Employment Security and the Illinois Department of Revenue**

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**INSTRUCTIONS FOR PREPARATION OF THE REG-UI-1  
REPORT TO DETERMINE LIABILITY UNDER THE UNEMPLOYMENT INSURANCE ACT**

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An employing unit must file the Report to Determine Liability (IDES Form REG-UI-1) even though it may not be liable for payments under the Illinois Unemployment Insurance Act (the Act).

**Read the instructions below carefully.** The Guide to the Illinois Unemployment Insurance Act is available on our website at: [www.ides.illinois.gov](http://www.ides.illinois.gov). It will assist you in filling out the form.

Type or print in ink your answer to each item that applies. If you need more space, attach additional sheets but mark each "Supplement to REG-UI-1" and sign and date it. If you are registering a new business, complete and attach this form to your REG-1, ILLINOIS BUSINESS REGISTRATION APPLICATION, available on the Illinois Department of Revenue website at [tax.illinois.gov](http://tax.illinois.gov).

1. Business Name: Legal name of the employer. If the entity is a Sole Proprietor, the owner's name; if a Partnership, the partners' names and type of partnership (such as a general partnership, limited partnership or joint venture); if a Corporation, the corporate name with the word "Corporation," "Incorporated," "Company," "Limited," or their abbreviations; if a Limited Liability Company, the name must contain the phrase Limited Liability Company, or its abbreviation.

2. Doing Business As: Enter the trade name of your business. If there is no trade name being used, leave this item blank.

3. Primary Address: Enter the address of the physical location of your Illinois business. If there is no base of operations in Illinois, enter the non-Illinois headquarters address.

4. Secondary Address: Enter any secondary address where you conduct business in Illinois. If there is no additional address, leave this item blank. If you want IDES correspondence sent to any other address than your answers to Questions 3 and 4, complete and attach IDES form UI-1M (Unemployment Special Mailing Form) and, if applicable, IDES Form LE-10 (Power of Attorney).

5. Phone Number: Telephone number to the business, business owner or person responsible for Unemployment Insurance taxes.

6. E-mail Address: E-mail to the business, business owner or person responsible for Unemployment Insurance taxes.

7. FEIN(Federal Employer Identification Number) assigned by the Internal Revenue Service for reporting Social Security, Withholding and Federal Unemployment Tax.

8. IDES previously assigned employer account no.: If known, this will be a seven digit number issued by IDES.

9. Type of organization: Check one of the organization types listed - please note there are two types of Corporations and three different types of LLCs to choose from, pick accordingly.

10. A Qualified Settlement Fund is a fund, account or trust that has been established to resolve or satisfy one or more claims resulting from at least one claim asserting liability (for example, a class action settlement involving wage and hour issues).

11. Enter the business activity that produces your major source of income.

List products manufactured, commodities sold, activities engaged in or type of services rendered.

For more than one business activity within the employing unit, indicate the percentage that each contributes to revenue.

Enter the six digit NAICS code that best describes your primary business activity. (If you do not know your NAICS Code refer to the Bureau of Labor Statistics website for the proper code. The website address is: <https://www.bls.gov/bls/naics.htm>.

12. If your business is a Corporation, answer all components within this question.

13. If you are a Limited Liability Company, answer all components within this question.

14. If you are a Partnership, answer all components within this question.

15. If you are a Sole Proprietor, answer all components within this question.

16. Enter the full date (MM/DD/YYYY) on which you first began employing workers, not the date when wages were first paid out.

17. Enter the full date (MM/DD/YYYY) on which you first paid wages in the State of Illinois.

18. If "yes", refer to the directions given beneath question 18 and submit only the IDES form, UI-1S&P Report to Determine Succession to IDES; 33 S State St 10th floor; Chicago, IL 60603.

19. If you have been found liable for Federal Unemployment taxes, you immediately become liable to Illinois for state unemployment insurance taxes beginning with your first Illinois payroll.

20. "Domestic service" means service of a household nature, including services performed by cooks, waiters, butlers, housekeepers, housemothers,

governesses, maids, valets, babysitters, janitors, launderers, furnace men, caretakers, handymen, gardeners, footmen, grooms and chauffeurs of automobiles for family use. Service not of a household nature, such as by a private secretary, nurse, tutor or librarian, is not considered "domestic" service.

A "private home" is the fixed place of abode of the individual or family for whom the worker is performing services. A separate and distinct dwelling unit maintained by an individual as a residence, such as a hotel room, boat or trailer, can be a "private home." A room or suite in a nursing home can be a "private home," provided that the facts and circumstances of the particular case indicate that such room or suite is, in fact, the place where the individual retains his residence. A home utilized primarily for the purpose of supplying board or lodging to the public as a business enterprise is not a "private home."

A "local college club" or "local chapter of a college fraternity or sorority" does not include an alumni club or chapter.

21."Agricultural labor" means all services performed:

- On a farm, in the employ of any person, in connection with cultivating the soil or in connection with raising or harvesting any agricultural or horticultural commodity, including the raising, shearing, feeding, caring for, training, and management of livestock, bees, poultry and fur-bearing animals and wildlife;
- In the employ of the owner or tenant or other operator of a farm, in connection with the operation, management, conservation, improvement or maintenance of such farm and its tools and equipment;
- In connection with the ginning of cotton, or the operation or maintenance of ditches, canals, reservoirs or waterways not owned or operated for profit, used exclusively for supplying and storing water for farming purposes;
- In the employ of the operator of a farm, or of a group of operators of farms (or a cooperative organization of which such operators are members), in handling, planting, drying, packing, packaging, processing, freezing, grading, storing or delivering to storage or to market or to a carrier for transportation to market, in its unmanufactured state, any agricultural or horticultural commodity; but only if such operator or operators produced more than one-half of the commodity with respect to which such service is performed. The provisions of this subsection shall not be deemed to be applicable with respect to service performed in connection with commercial canning or commercial freezing or in connection with any agricultural or horticultural commodity after its delivery to a terminal market for distribution for consumption.
- For purposes of questions 21b & 21c, count each week in which you had or expect to have 10 or more individuals to perform agricultural labor, whether or not they all worked or will work at the same time during that week and whether or not you employed or will employ the same individuals in each week.

"Week" means the seven day period, Sunday through Saturday.

22. For purposes of question 22b, count each week in which you expect to have 10 or more individuals performing services in employment, whether or not they all worked or will work at the same time during that week and whether or not you employed or will employ the same individuals in each week.

"Week" means the seven day period, Sunday through Saturday.

"Employment" means any service performed by an individual for an employing unit, unless the Unemployment Insurance Act expressly excludes the service from the definition of "employment." It includes service in interstate commerce and service on land which is owned, held or possessed by the United States, and includes all services performed by an officer of a business corporation, without regard to whether such services are executive, managerial or manual in nature, and without regard to whether such officer is or is not a stockholder or a member of the board of directors of the corporation.

**Benefit Reimbursable Option:** Each nonprofit organization subject to the Act may, if certain conditions are met, elect to be a reimbursable employer by agreeing, in lieu of paying contributions, to reimburse the State for the actual amount of regular benefits and one half the amount of extended benefits that are charged to it.

23. "Employment" means any service performed by an individual for an employing unit, including a governmental entity or Indian tribe, unless the Unemployment Insurance Act expressly excludes the service from the definition of "employment."

"Governmental entity" includes the State or any of its instrumentalities, or any political subdivision or municipal corporation thereof or any of their instrumentalities, or any instrumentality of more than one of the foregoing, or any instrumentality of any of the foregoing and one or more other States or political subdivisions.

"Indian Tribe" means any Indian tribe, band, nation or other organized group or community, including any Alaskan Native village or regional village or corporation, which is recognized as eligible for the special programs and services provided by the United States to Indians because of their status as Indians, and includes any subdivision, subsidiary or business enterprise wholly owned by an Indian tribe.

**Benefit Reimbursable Option:** Each governmental entity or Indian Tribe subject to the Act may, if certain conditions are met, elect to be a reimbursable employer by agreeing, in lieu of paying contributions, to reimburse the State for the actual amount of regular benefits and one half the amount of extended benefits that are charged to it.

24. "Employment" means any service performed by an individual for an employing unit, unless the Unemployment Insurance Act expressly excludes the service from the definition of "employment." It includes service in interstate commerce and service on land which is owned, held or possessed by the United States, and includes all services performed by an officer of a business corporation, without regard to whether such services are executive, managerial or manual in nature, and without regard to whether such officer is or is not a stockholder or a member of the board of directors of the corporation.

For purposes of question 24b, count each week in which you had or expect to have 1 or more individuals performing services in employment, whether or not they all worked or will work at the same time during that week and whether or not you employed or will employ the same individuals in each week.

"Week" means the seven day period, Sunday through Saturday.

25.If an employing unit does not meet the legal definition of an employer for unemployment insurance purposes, the employing unit can elect to be fully

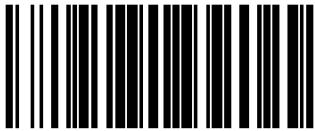
liable subject to the Illinois Unemployment Insurance Act with the permission of the Director. An employing unit electing such coverage will not be able to terminate its coverage until January 1 of any calendar year subsequent to two such years of coverage.

26.If you have multiple worksites in Illinois, refer to the directions given in question 26 and submit the IDES form, UI-ML, Multiple Worksites in Illinois, found online at [ides.illinois.gov](http://ides.illinois.gov), with this completed form

**If you should need further assistance in filling out this form, you may contact the Illinois Department of Employment Security (IDES) weekdays between 8:30 a.m. and 5:00 p.m. at (800) 247-4984. Please make a copy of this completed REG-UI-1 form and any additional forms submitted for your records.**



## Power of Attorney for Representing Employer under the Illinois Unemployment Insurance Act



Fax: 217-557-1948

33 South State Street, Chicago IL 60603-2802

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➤ UIAccount ID:

Employer: \_\_\_\_\_

Located at: \_\_\_\_\_  
Street Address, City, State, Zip Code \_\_\_\_\_  
Telephone Number \_\_\_\_\_

E-mail Address: \_\_\_\_\_

- Third Party Agent's FEIN  
➤ Service Bureau's SB ID

Hereby Authorizes: \_\_\_\_\_  
Service Bureau or Third Party Agent

Located at: \_\_\_\_\_  
Street Address, City, State, Zip Code \_\_\_\_\_  
Telephone Number \_\_\_\_\_

E-mail Address: \_\_\_\_\_

to represent the Employer before the Director in any and all matters, to act in the Employer's stead with the same consequences as the Employer, and to receive any and all information requested by said Representative pertaining to the Employer's liability for the payment of contributions, interest and penalties under the Illinois Unemployment Insurance Act (except that I understand that notices pertaining to a Determination and Assessment or Refund/Adjustment shall be sent to the employing unit at its principal place of business or its last known place of business or residence), until such time as the appointment is terminated. I understand that my Representative shall be provided information only to the extent that it is requested for one of the purposes set forth in Section 1900 of the Illinois Unemployment Insurance Act [820 ILCS 405/1900].

Name of Employer: \_\_\_\_\_

Signature: \_\_\_\_\_

Print: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_



## UNEMPLOYMENT INSURANCE SPECIAL MAILING FORM

Fax: 217-557-1948

33 SOUTH STATE STREET CHICAGO, IL 60603-2802

The purpose of this form is to notify the Department of a request to have correspondence sent to an address other than your business address or to terminate a preexisting address, except that notices pertaining to a Determination and Assessment or Refund/Adjustment shall be sent to the employing unit at its principal place of business or its last known place of business or residence. **If the requested address being added is for a third party or service bureau, you must also complete the Power of Attorney (LE- 0) form.**

**Employer Name** \_\_\_\_\_

**DBA Name** \_\_\_\_\_

**Illinois UI Account Number** \_\_\_\_\_

**Federal I.D. Number** \_\_\_\_\_

**Note** Each form can be directed to only one address. Therefore, check only once for each form. If your request cannot be contained in its entirety on this form because of multiple addresses, please provide additional copies of the form:

- BIS-32 (Notice to Chargeable Employer)
- UI-3/40 (Contribution & Wage Report)
- Ben-118/118R Benefit Charge Notice
- UI-5A/UI5B (Rate Notice)
- Benefit Appeal Notice
- SI-5 (Notice of Benefit Earnings Audit)

C/O (Name of Representative or Service Bureau) \_\_\_\_\_

Street Address \_\_\_\_\_ Unit or Suite \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Country \_\_\_\_\_ Telephone Number \_\_\_\_\_

E-Mail Address \_\_\_\_\_

**Effective Date** \_\_\_\_\_

**Termination Date** \_\_\_\_\_

- BIS-32 (Notice to Chargeable Employer)
- UI-3/40 (Contribution & Wage Report)
- Ben-118/118R Benefit Charge Notice
- UI-5A/UI5B (Rate Notice)
- Benefit Appeal Notice
- SI-5 (Notice of Benefit Earnings Audit)

C/O (Name of Representative or Service Bureau) \_\_\_\_\_

Street Address \_\_\_\_\_ Unit or Suite \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Country \_\_\_\_\_ Telephone Number \_\_\_\_\_

E-Mail Address \_\_\_\_\_

**Effective Date** \_\_\_\_\_

**Termination Date** \_\_\_\_\_

Signed by \_\_\_\_\_

Date \_\_\_\_\_

Title \_\_\_\_\_

Telephone Number \_\_\_\_\_

Jurisdiction: Chicago

License: Home-Based Business

Application: Home-Based Business Fact Sheet

Submit completed application, fee, and supporting documentation to:

This form may be filed in person.

Department of Business Affairs & Consumer Protection 121 N. LaSalle St.  
City Hall, Room 800.

Hours are Monday-Friday 8:30am-4:30pm

The license may be applied for online by [clicking here](#).

Licensing Agency Phone Number: 312-744-6249.

Fee: \$250.00 for a two year license

Notes:

The Home Occupation Ordinance establishes guidelines for home-based businesses in the City of Chicago for the purpose of balancing the ability of persons to operate a business from their place of residence and the need to maintain the residential character of the surrounding communities.

The ordinance only applies to individuals who are self-employed or operate their own business. A Home Occupation Business License is not required by individuals who work from their homes on either a part-time or full-time basis for an employer that has a separate place of business.

### About the Regulated Business License - Home Occupation ([MCC 4-6-270](#))

A **Regulated Business License – Home Occupation** applies to individuals who are self-employed or operate their own business in their primary place of residence.

### Home Occupation Defined

“Home occupation” means the accessory use of a business or commercial nature, of a dwelling unit by the person(s) living in such dwelling unit. The term “home occupation”:

- Does NOT apply to individuals who, as an owner or employee, perform administrative, clerical or research work in their home, on either a part-time or full-time basis, for a licensed entity is located elsewhere.
- Does NOT include any child care institution, day care center, part-day child care facility, group home, day care home or group day care home that is properly licensed by a state agency or by the City of Chicago.

### Prohibited Business Activities

The following are examples of business activities **NOT** allowed as home occupations:

- Any repairing or painting of motorized vehicles, trailers, boats, and lawn equipment
- Any animal services
- Astrology, card & palm reading or Fortune-Telling
- Dancing, tutoring or children-related activities
- Massage Establishments
- Catering or any Food related business
- Funeral Chapels or Homes
- Producing or assembling of any product when the home is not the retail point of sale for such products
- Sale of any weapon or firearm, as defined in section [MCC 8-20-010](#), or Ammunition
- Firearm Training or Instruction
- Construction businesses or Landscaping businesses that provide the storage of goods and materials to be utilized in the operation of the business or use
- Any dispatch service
- Personal services such as hair, nail, tattoo or body piercing
- Welding or Machine Shops

### Pre-Application Checklist

The following activities must be completed **BEFORE** applying for this business license:

- ✓ [Review Zoning Regulations \(MCC 17-9-0202 Home Occupations\)](#)
  - The zoning regulations of “Home-Based” businesses are intended to ensure that home occupations will not be a detriment to the character and livability of the surrounding neighborhood.
  - The regulations are intended to ensure that the home occupation remains subordinate to the residential use, and that the residential viability of the dwelling is maintained.
  - The regulations recognize that many types of work can be done in a home with little or no effect on the surrounding neighborhood.
- ✓ [Register your business with ALL of the appropriate government agencies.](#)  
Examples include Cook County Assumed Names, Illinois Department of Revenue, IRS/FEIN.
- ✓ [Check state or federal laws and requirements.](#)

## How do I apply?

You may apply for a license by going online at [www.cityofchicago.org/sbc](http://www.cityofchicago.org/sbc), and then click on [Apply for a Business License](#), or in person at the Department of Business Affairs and Consumer Protection (BACP), Small Business Center (SBC), in City Hall, 121 North LaSalle Street, Room 800. Appointments available by calling (312) 74-GOBIZ / (312) 744-6249, or by going online at [www.cityofchicago.org/sbc](http://www.cityofchicago.org/sbc), and then click on [Schedule an Appointment](#).

### STEP 1: LICENSE APPLICATION

- Provide the following required information:
  - The address, and location within the dwelling unit, where the home occupation will be conducted;
  - The name of the person(s) who will be designated as the licensee;
  - *All business activities that will be conducted in the dwelling unit;*
  - Whether the dwelling unit in which the home occupation will be conducted is a single-family residence or a building containing multiple dwelling units;
  - The total square footage of the floor area of the dwelling unit;
  - The total square footage of the floor area of the dwelling unit that will be designated for the business;
  - The percentage of the floor area of the dwelling unit that will be designated for the business.
- License application fee: **\$250.00**. Fee is based on a two-year term.

Standard application requirements and documentation may be found in our [License Application Requirements Information](#) web page.

### STEP 2: ZONING REVIEW

- During a review, the Zoning representative insures that the business activity is allowed.
- *Zoning may require additional documentation as it applies to storage and vehicle parking.*

#### Zoning Home Occupation Standards:

1. The home occupation *must be accessory and secondary to the use of the home* and must not change the residential character of the residential building or affect the character of the surrounding neighborhood.
2. *No separate entrance from the outside of the building* may be added to the residential building for the sole use of the home occupation.
3. The home occupation *may not display or create any external evidence of the operation* of the home occupation.
4. There may be *no internal or external structural alterations or construction*, either permanent or accessory, to the dwelling unit, *nor the installation of any equipment* which would change the residential character of the dwelling unit or residential building.
5. The total floor area of any home occupation *may not occupy more than 10% of the single family home or 15% of any other type of dwelling unit*; not to exceed 300 square feet.
6. Use of garage for storage materials, supplies and records related to the home business, as an accessory storage space, must be included in the 10-15% maximum allowed business space.
7. No more than two patrons or employees of the home occupation may be present in the home at any one time.
8. *No direct sale of any product on display shelves or racks is permitted.*
9. *Bulk deliveries are limited to one per day* between the hours of 8:00 a.m. and 5:00 p.m.
10. *No home occupation may produce or emit any noise, vibration, smoke, dust, or other particulate matter, odorous matter, heat, humidity, glare, or any other effect that unreasonably interferes with any person's enjoyment of their residence.*



Streamlined Business Licensing

## What's Next?

Prefer not to handle the paperwork yourself? No problem! LicenseLogix will complete the filings for you. Select the licenses you'd like us to file and return this form via email ([orders@licenselogix.com](mailto:orders@licenselogix.com)) or fax (212-672-1105). LicenseLogix will:

- ✓ Prepare the application forms for each of the required licenses
- ✓ Contact you regarding necessary information, documentation, and/or signatures
- ✓ File application, fee and supporting documentation with the appropriate licensing agency
- ✓ Follow up with the licensing agency to achieve fast results
- ✓ Confirm that the license has been issued

License Type	LicenseLogix Service Fee	Quantity	Order
IL Unemployment/Withholding Tax **	\$219	_____	_____
IL Corporate Income Tax	\$219	_____	_____
Chicago Home-Based Business	\$219	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**\*\* These registrations are only required if you have employees**

### Service Agreement Acceptance

\_\_\_\_\_ has reviewed the above services and pricing, including any special offers made by LicenseLogix. I accept this Service Agreement on behalf of \_\_\_\_\_ and direct LicenseLogix to begin with the **License Filings** as soon as possible. If, for any reason, this agreement is canceled, services rendered in relation to this Service Agreement will be billed at cost for work done to date.

### Credit Card Information

Name on Credit Card: \_\_\_\_\_ Type of Card: \_\_\_\_\_  
Billing Address: \_\_\_\_\_  
Card Number: \_\_\_\_\_ Expiration: \_\_\_\_\_ Security Code: \_\_\_\_\_

By signing below, you hereby: (i) agree that you have read and understand, and agree to be bound by, LicenseLogix's [Terms and Conditions](#); (ii) expressly authorized LicenseLogix to affix your electronic signature to documents as necessary to permit LicenseLogix to fulfill its obligations under any agreement between you and LicenseLogix; (iii) acknowledge and agree that LicenseLogix is not a law firm, and that neither LicenseLogix, nor any of its employees or agent, has provided you with legal services or legal advice.

Sign: \_\_\_\_\_ Date: \_\_\_\_\_

\* The LicenseLogix service fees above do not include any application fees required by the licensing authority. Such application fees will be paid by LicenseLogix and billed to you along with the LicenseLogix service fees.



Streamlined Business Licensing

*Please consult an attorney if you are unsure whether these licenses best fit your needs. LicenseLogix is not a law firm, and neither LicenseLogix nor any of its employees provided legal services or advice. The information provided within this packet is not legal advice, but general license research regarding the requirements for a specified business. For complete policies, please our Terms of Use and Privacy Policy on our website, [www.licenseLogix.com](http://www.licenseLogix.com).*