

INSTRUCTION SHEET

Public Accounting Firm

***In order for your application to be processed,
ALL REQUIRED SUPPORTING DOCUMENTATION MUST BE SUBMITTED
with the application and required fee unless otherwise directed in the instructions.***

To apply for licensure of a Public Accounting firm under the provisions of the Illinois Public Accounting Act, follow all steps as they are indicated below. Please complete the application in its entirety to avoid any unnecessary delays in the processing of your application. THE APPLICATION WHICH YOU SUBMIT IS VALID FOR THREE YEARS FROM THE DATE OF RECEIPT.

IMPORTANT INFORMATION: A majority of the ownership of the firm, in terms of financial interests and voting rights of all partners, officers, shareholders, members, or managers belongs to persons currently licensed in some state, and the partners, officers, shareholders, members, or managers whose principal place of business is in Illinois and who practice public accounting in Illinois, as defined in Section 8 of the Illinois Public Accounting Act, hold a valid license issued by Illinois.

STEP 1 - Application

Use a typewriter or black pen to complete all information requested on the Application for Licensure.

STEP 2 - Supporting Documents

If the firm is a domestic business corporation, limited liability company (**LLC**), limited liability partnership (**LLP**) or a professional services corporation (**PC**), enclose a copy of the required business filing with the Illinois Secretary of State.

Domestic business corporations enclose a copy of the entire, filed Articles of Incorporation.

Domestic **LLCs** enclose a copy of the entire, filed Articles of Organization.

Domestic **LLPs** enclose a copy of the entire, filed Statement of Qualification.

Domestic **PCs** enclose a copy of the entire, filed Articles of Incorporation.

If the firm is (*foreign*) a business formed outside of Illinois, enclose a copy of the required filing(s) from the jurisdiction where the business is located and a copy of the authority to transact business in Illinois as filed with the Illinois Secretary of State.

Only sole proprietorships in which others take part in the conduct of business (e.g. "and Company", "and Associates" are required to obtain an Illinois firm license.

Please note that the Illinois Assumed Name Act requires sole proprietorships and general partnerships to register with their local county clerk's office if the firm name is different from the owner(s) full legal name(s). Corporations, **LLCs**, and **LLPs** may register an assumed name as part of their required business filings with the Illinois Secretary of State.

All fees are not refundable

The fee is \$120 and must be in the form of a check or money order made payable to the Illinois Department of Financial and Professional Regulation.

Forward application, supporting documentation and fee payment to:

Illinois Department of Financial and Professional Regulation
Attn: Division of Professional Regulation
P.O. Box 7007
Springfield, Illinois 62791

If assistance is needed, direct your request to the following telephone number: 1-800-560-6420. Please allow six (6) weeks from mailing before making an inquiry concerning the status of the application.

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 ILCS 450/1 et. seq. (Illinois Compiled Statutes). Disclosure of this information is REQUIRED. Failure to provide this information or furnishing false or incomplete information could result in a penalty as outlined in said ACT.

Type of Business: (check one)

- Business Corporation Sole Proprietorship
 LLC General Partnership
 LLP Professional Service Corp.

Professional Code: 066

Application Fee: 120.00

Federal ID No. _____

PUBLIC ACCOUNTING FIRM APPLICATION	BUSINESS TELEPHONE #:	FAX #:
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1. Name of Business and Principal Address	E-mail address:
A. Name of Firm	B. Address of Principal Office of Firm
C. Date of Formation	

D. Address of other offices at which accounting services are provided. (Attach additional sheet, with the firm name typed clearly on top, if necessary.)

(1)	(2)
(3)	(4)

2. Partner/Member/Shareholder/Owner Information. For ALL Partners, Members, Shareholders or Owners, please list their names, address, and licensure information. (Attach additional sheet, with the firm name typed clearly on top, if needed.)

Name and Address of Principal Place of Business	Check Here if Person in Charge at this Location	State(s) Issuing Licensure	License Number(s)
A.			
B.			
C.			
D.			
E.			

3. Is the name indicated in number 1, an assumed name? Yes No

Definition of assumed name: A business name that is different from the owner's full legal name.

I hereby certify that I personally completed this application, that the information appearing herein above is true and correct to the best of my knowledge and belief.

_____ Date

Name of Applicant (Please Print)

Signature of Applicant

I UNDERSTAND THAT FEES ARE NOT REFUNDABLE. My signature above authorizes the Department of Financial and Professional Regulation to reduce the amount of this check if the amount submitted is not correct. I understand this will be done only if the amount submitted is greater than the required fee hereunder, but in no event shall such reduction be made in an amount greater than \$50.