

**CITY OF DEKALB**  
**APPLICATION FOR REGISTRATION**  
**MOTOR FUEL TAX**

This form is to be used by businesses (registrants) with the City of DeKalb for payment of Motor Fuel Tax as required by Chapter 66, of the Municipal Code of the City of DeKalb (Ord. 08-22).

When completed, return this form to:

City of DeKalb  
Finance Division  
164 E Lincoln Hwy  
DeKalb, IL 60115

*For taxpayer assistance, call:*  
(815) 748-2388  
Monday - Friday 8 - 5pm  
susan.hauman@cityofdekalb.com

1) Applicant Name ("D/B/A"): \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

City: DeKalb State: IL Zip: 60115

2) Applicant's Corporation Name: \_\_\_\_\_

Registered Agent Name \_\_\_\_\_

Billing Address (If Different From #1): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (     ) \_\_\_\_\_

3) Illinois Retail Occupation Tax Number [ IBT# ] \_\_\_\_\_

Federal Employer IDS ( FEIN ) \_\_\_\_\_

Kind of Business [KOB]: \_\_\_\_\_

4) Date business commenced sales within **City of DeKalb** (mo/ day /yr): \_\_\_\_\_

5) Registrant's type of business organization:

(   ) Sole Proprietorship

(   ) Partnership

(   ) Other

(   ) Corporation

6) Registrant's owner(s), corporate officers, or general partners:

Title	Name	Residence Address	Date of Birth

7) Name of Manager, if owner is not on premises. \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_

8) Person who will be responsible for submitting Motor Fuel Tax returns to the City of DeKalb.

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

Address: \_\_\_\_\_ Telephone: (\_\_\_\_\_) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email address \_\_\_\_\_

9) Under penalty as provided by law, which includes a fine, imprisonment, or both. I declare that I have examined this registration form, and to the best of my knowledge and belief, the information entered on this form is true, correct, and complete.

Date \_\_\_\_\_

\_\_\_\_\_  
Registrant Or Authorized Agent

\_\_\_\_\_  
Printed Name

SUBSCRIBED AND SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
NOTARY SIGNATURE