

**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, mail this form to:

City of DeKalb
Finance Department
200 South Fourth Street
DeKalb, IL 60115

For taxpayer assistance, call:
(815) 748-2388
Monday - Friday 8:00 - 5:00
susan.hauman@cityofdekalb.com

1) Applicant Name ("D/B/A"): _____

Address: _____ Telephone: _____

City: _____ State: _____ Zip: _____

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 _____, 2006.

NOTARY SIGNATURE