



Naperville

MOTOR FUEL TAX REGISTRATION FORM

1. _____
Name of Business (DBA) Telephone

_____ City State Zip Code
Business Location Address

_____ Date Business Opened

2. _____
Company/Corporate Name if Different from DBA Telephone

_____ City State Zip Code
Mailing Address (Company/Corporate)
(Must be different than Business Location Address)

3. _____
Name of Owner or Manager Telephone
(Must be different than Business Phone #)

4. _____
Owners Drivers License Number E-Mail Address

5. _____
Name of Motor Fuel Tax Return Preparer: Telephone:

6. Illinois Retailer Occupation Tax Number (IBT): _____

7. Federal Taxpayer ID Number or Social Security Number: _____

I declare that I have examined this registration form, and to the best of my knowledge, the information entered on this form is true, correct and complete.

Signature of Applicant

Date

Please return the completed form to: **City of Naperville**
400 S. Eagle Street
Naperville, IL 60540
Attn: **Finance Dept., Motor Fuel Tax**
Phone: **630-420-4115**
Fax: **630-305-6226**