



MUNICIPAL MOTOR FUEL TAX REGISTRATION FORM

1. _____
Name of Business (DBA) Telephone

Business Location Address City State Zip Code

Date Business Opened Fax Number

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

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

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

4. _____
Owner's Drivers License Number E-Mail Address

5. _____
Owner's Address

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

7. Illinois Business Tax (IBT) Number: _____

8. 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 Aurora
Attn: Revenue & Collection Division
44 East Downer Place
Aurora, IL 60507
Phone: **630-256-3560**
Fax: **630-256-3569**

