



# CITY OF DECATUR

## Local Motor Fuel Tax Registration Form



**Business DBA Name** \_\_\_\_\_

Location Address \_\_\_\_\_ Decatur, IL \_\_\_\_\_ \*\*

Location Phone \_\_\_\_\_ Cell Number \_\_\_\_\_

This location is a (*Check one*) Retail Dealer  Bulk User  Date Opened \_\_\_\_\_

For ABOVE ground tanks only: Quantity \_\_\_\_ | Size \_\_\_\_\_ gal | Contents Gasoline  or Diesel

Illinois Business Tax (IBT) # \_\_\_\_\_ - \_\_\_\_\_ or FEIN \_\_\_\_\_ - \_\_\_\_\_

**Owner/Corp/Partnership Name** \_\_\_\_\_

Mailing Address \_\_\_\_\_

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

Owner Phone Number \_\_\_\_\_ E-mail \_\_\_\_\_

*Business Type:*  Sole Proprietorship  Corporation  LLC  Partnership  Other \_\_\_\_\_ specify

Owner (s), Corporate Officers, or Partners: (Attach listing if more space is needed)

Name	Title	Home Address	Phone

\*\*Multiple location address listing (Please attach listing if more space is needed)

Business DBA Name	Address	Location Phone

**Under penalties as provided by law, I declare that to the best of my knowledge and belief, the information on this form is true, correct and complete. Any changes must be reported within two weeks. Failure to submit a registration, report or update registration for changes is a violation of City Code.**

Signature of Owner/Officer \_\_\_\_\_ Date \_\_\_\_\_

Print name \_\_\_\_\_ Title \_\_\_\_\_

Mail or Fax completed and signed form to:

City of Decatur  
Budget & Revenue Officer  
#1 Gary K Anderson Plaza  
Decatur, IL 62523  
FAX # 217-424-2717

Questions? Call 217-424-2854

City website and tax forms:  
[www.decaturl.gov](http://www.decaturl.gov)