



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