



# Motor Fuel Tax Registration Form

<b>Illinois Business Tax (IBT) #:</b>
<b>Date Business started at this location (Month\Day\Year):</b>
<b>Describe your type of Business:</b>

<b>DBA Business Name:</b>
Address:
Contact:
Phone: <span style="float: right;">Fax:</span>
Email:

<b>Owner/Corporate Name:</b> <small>(if different from above)</small>
Address:
Contact:
Phone: <span style="float: right;">Fax:</span>
Email:

**Please check here to have all correspondence mailed to corporate address instead of the physical address.**

Type of Organization:	Sole Proprietorship	Partnership
	Corporation	LLC
	Other _____	

<b>▶ Mail, Drop Off, Fax, or Email to:</b>	<b>Address:</b> The Hub	<b>Fax:</b> 309-434-2463
	115 E. Washington Street	<b>Email:</b> LocalTax@cityblm.org
	Suite 103 Bloomington, IL 61701	<b>Phone:</b> 309-434-2233

<b>▶</b>	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.
<i>Signature of Officer Empowered to Sign</i>	<i>Date</i>
<i>Print Name and Title</i>	