This form is to be used by businesses (registrants) with the City of DeKalb for payment of Motor Fuel Tax as required by Chapter 66, of the Municipal Code of the City of DeKalb (Ord. 08-22).

When completed, return this form to:

City of DeKalb
Finance Division
164 E Lincoln Hwy
DeKalb, IL 60115

For taxpayer assistance, call:
(815) 748-2388
Monday – Friday 8 - 5pm
susan.hauman@cityofdekalb.com

1) Applicant Name (“D/B/A”): ____________________________________________________________

Address: _______________________________________ Telephone: __________________________

City: ___________________ State: _______ Zip: ___________

2) Applicant’s Corporation Name: _______________________________________________________

Registered Agent Name____________________________________________________________

Billing Address (If Different From #1): _________________________________________________

City: ___________________ State: _______ Zip: ___________

Telephone: ( )__________________________

3) Illinois Retail Occupation Tax Number [ IBT# ] ___________________________________________

   Federal Employer IDS ( FEIN ) ______________________________________________________

   Kind of Business [KOB]: ________________________________________________________

4) Date business commenced sales within City of DeKalb (mo/ day /yr): ______________________

5) Registrant's type of business organization:

   ( ) Sole Proprietorship

   ( ) Partnership

   ( ) Other

   ( ) Corporation
6) Registrant's owner(s), corporate officers, or general partners:

<table>
<thead>
<tr>
<th>Title</th>
<th>Name</th>
<th>Residence Address</th>
<th>Date of Birth</th>
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7) Name of Manager, if owner is not on premises. ______________________________________________________________

Telephone: (_______) ______________________________

8) Person who will be responsible for submitting Motor Fuel Tax returns to the City of DeKalb.

Name:__________________________________________  Title:_____________________________________

Address:________________________________________  Telephone:(_______) _____________________

City:__________________________________________  State:___________________  Zip:______________

Email address___________________________________________________________________

9) Under penalty as provided by law, which includes a fine, imprisonment, or both. I declare that I have examined this registration form, and to the best of my knowledge and belief, the information entered on this form is true, correct, and complete.

Date _____________________  ______________________________________________  

Registrant Or Authorized Agent

__________________________________________

Printed Name

SUBSCRIBED AND SWORN to before me this _______ day of __________, 20____

__________________________________________

NOTARY SIGNATURE

MFT Application form
Revised 1/2018