

CITY OF SYCAMORE
APPLICATION FOR REGISTRATION
MOTOR FUEL TAX

When completed, mail this form to:

City of Sycamore
Finance Department
308 W. State St.
Sycamore, IL 60178

For taxpayer assistance, call:
(815) 895- 7680 *60542*
Monday - Friday 8:30 a.m. - 5:00 p.m.

Applicant's Business Name: _____

Address: _____ Telephone: _____

City: _____ State: _____ Zip: _____

This form is to be used by businesses (registrants) with the City of Sycamore for payment of Motor Fuel Tax as required by Ordinance 2007.41.

1. Registrant's Business Name _____

Address of principal business site: _____

City _____ State: _____ Zip: _____

Telephone _____

2. Illinois Retail Occupation tax Number [IBT#] _____

Federal Employer IDS [FEIN] _____

3. Registrant's type of business organization:

Sole Proprietor

Partnership

Other

Corporation

4. Mailing address of business organization (if different than above):

Address: _____ Telephone: _____

City _____ State: _____ Zip: _____

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5. Owner's, corporate officers, or general partners:

Name(s): _____ Title(s): _____

Address(es): _____ Telephone: (_____) _____

City(es): _____ State: _____ Zip: _____

6. Person who will be responsible for submitting motor fuel tax returns to the City of Sycamore.

Name: _____ Title: _____

Address: _____ Telephone: (_____) _____

City: _____ State: _____ Zip: _____

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: _____

Signature of Registrant or Officer
empowered to sign for the corporate entity

Payment due by the 20th of each month

By _____
Print or type name above