



CITY OF COUNTRYSIDE

VEHICLE FUEL TAX REGISTRATION FORM

Name of Business – Retail Establishment (DBA)

Telephone Number

Business Location Address

City

State

Zip Code

Date Open for Business

Distributor /Dealer (Company/Corporate Name)

Telephone Number

Mailing Address

City

State

Zip Code

Name of Owner or Manager

Telephone Number

Name of Tax Return Preparer:

Telephone Number

Illinois Retailer Occupation Tax Number – Retail Establishment (IBT):

Federal Taxpayer ID Number or Social Security Number:

Estimated Number of Gallons Purchased Annually (subject to the tax):

I declare that I have examined this registration form, and to the best of my knowledge, the information entered on this form is true, correct and complete.

Signature of Applicant

Date

Return the completed form to:

**City of Countryside
5550 East Avenue
Countryside, IL 60525
Attn: Finance Department - Registration
708-485-2465**

Revised 6/1/2016