



Welcome to the City of
LOCKPORT
Illinois

MOTOR FUEL TAX- REGISTRATION FORM

Due annually by 12/31

1. _____
 Name of Business (DBA) Telephone

 Business Location Address City State Zip Code

_____ Date Business Opened

2. _____
 Company/Corporate Name if Different from DBA Telephone

 Mailing Address (Company/Corporate) City State Zip Code
 (Must be different than Business Location Address)

3. _____
 Name of Owner Telephone
 (Must be different than Business Phone #)

_____ Name of Manager Telephone

4. _____
Owners Driver's License Number E-Mail Address

5. _____
 Name of Motor Fuel Tax Return Preparer: Telephone:

6. Illinois Retailer Occupation Tax Number (IBT): _____

7. Federal Taxpayer ID Number or Social Security Number: _____

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 and neither I nor any officers or employees of the Corporation will violate any ordinances of the city or laws of the state or of the United States in the conduct of the business

Signature of Applicant _____ Date _____

Please return the completed form to:
 City of Lockport Attn: Finance Dept.
 222 E. 9th St. Lockport, IL 60441
 Phone: 815-838-0549 Fax: 815-838-9498