



City of CHAMPAIGN

Finance Department • 102 N Neil St • Champaign IL 61820 • (217) 403-8940 • fax (217) 403-8995 • www.ci.champaign.il.us

LOCAL MOTOR FUEL TAX - BUSINESS REGISTRATION

BUSINESS NAME: _____

MAILING ADDRESS: _____

TELEPHONE NUMBER: _____

E-MAIL ADDRESS: _____

ILLINOIS DEPARTMENT OF REVENUE REGISTRATION NUMBER: _____ - _____

ADDRESS OF BUSINESS SITE IF DIFFERENT THAN ABOVE:

DATE BUSINESS STARTED AT THIS LOCATION: _____

TYPE OF ORGANIZATION: _____ SOLE PROPRIETORSHIP
_____ PARTNERSHIP
_____ CORPORATION
_____ OTHER (SPECIFY) _____

OWNER(S), CORPORATE OFFICERS, OR PARTNERS:

Name Title Address

Name Title Address

UNDER PENALTIES OF PERJURY AS PROVIDED BY LAW, I ATTEST TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE INFORMATION ON THIS FORM IS TRUE, CORRECT AND COMPLETE. THE INFORMATION PROVIDED HERE IS PROPRIETARY COMMERCIAL & FINANCIAL INFORMATION AND DISCLOSURE WOULD CAUSE COMPETITIVE HARM.

Signature of Officer Empowered to Sign

Date

Print Name & Title