

CITY OF BELVIDERE  
APPLICATION FOR REGISTRATION  
MOTOR FUEL TAX



This form is to be used by the businesses or bulk user (registrants) with the City of Belvidere for payment of Motor Fuel Tax as required by Belvidere Municipal Code.

When completed, mail this form to:

City of Belvidere  
Finance Department  
401 Whitney Boulevard  
Belvidere, IL 61008

*For taxpayer assistance, call:*  
(815) 544-2612  
Monday- Friday 8:00 a.m. - 5:00 p.m.  
Financedirector@belvidereil.gov

- 1) Business or Bulk User Name: \_\_\_\_\_  
(D/B/A): \_\_\_\_\_  
Local Address: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- 2) Corporation Name (if different): \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: (\_\_\_\_) \_\_\_\_\_
- 3) Illinois Retail Occupation Tax Number [ IBT #1]: \_\_\_\_\_  
Federal Employer IDS [FEIN]: \_\_\_\_\_  
Kind of Business [KOB]: \_\_\_\_\_
- 4) Date business commenced sales within City of Belvidere (M/D/Y): \_\_\_\_\_
- 5) Registrant's type of business organization  

<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership
<input type="checkbox"/> Other	<input type="checkbox"/> Corporation

- 6) Person who will be responsible for submitting Motor Fuel Tax Returns to the City of Belvidere

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

- 7) 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