

Phone: 630-665-7050

630-665-1064

Fax:

MUNICIPAL MOTOR FUEL TAX REGISTRATION FORM

Village of Carol Stream

Name of Business (DBA)				
Business Location Address	City	State	ZIP	
Local Owner/Manager Contact Name, Ti	tle Phone	E-mail		
Company/Corporate Name (if different f	from above)			
Corporate Address (if different from abo	ove) City	State	ZIP	
Corporate Contact Name, Title	Phone	E-ı	E-mail	
Illinois Retailer Occupation Tax Number	(IBT) 4	axpayer ID Number		
Name of Tax Return Preparer	Tax Preparer Phone	Tax Preparer E-mail		
lare that the information I have provide	·	·		
nature of Applicant		Date		

500 N. Gary Avenue Carol Stream, IL 60188