



Village of Plainfield  
Motor Fuel Tax Registration Form

\_\_\_\_\_  
Name of Business (DBA) Telephone

\_\_\_\_\_  
Business Location Address City State Zip Code

\_\_\_\_\_  
Date Business Opened

\_\_\_\_\_  
Company/Corporate Name if Different from DBA Telephone

\_\_\_\_\_  
Mailing Address (Company/Corporate) City State Zip Code

\_\_\_\_\_  
Name of Owner or Manager Telephone

\_\_\_\_\_  
E-mail Address

\_\_\_\_\_  
Owner's Driver's License Number

\_\_\_\_\_  
Name of Motor Fuel Tax Return Preparer Telephone

\_\_\_\_\_  
Illinois Retailer Occupation Tax Number (IBT):

\_\_\_\_\_  
Federal Taxpayer ID Number or Social Security Number:

\_\_\_\_\_  
Business License 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.*

\_\_\_\_\_  
Signature of Applicant Date

\_\_\_\_\_  
Applicant (Print Name) Phone No.

Please return the completed form to: Village of Plainfield  
24401 W. Lockport Street  
Attn: Finance Dept., MFT  
Plainfield, IL 60544  
Phone: 815-609-6106