

CITY OF DARIEN

REGISTRATION FOR MUNICIPAL GASOLINE TAX

This form is to be used by businesses (registrants) to register with the City for collection and payment of the Municipal Gasoline Tax. Return the completed form to the City of Darien, 1702 Plainfield Road, Darien, IL 60561.

1. **APPLICANT'S NAME:** _____ **PHONE NUMBER:** _____
ADDRESS: _____
CITY: _____ **STATE:** _____ **ZIP:** _____
2. **BUSINESS NAME:** _____ **PHONE NUMBER:** _____
ADDRESS: _____
CITY: _____ **STATE:** _____ **ZIP:** _____
3. **ILLINOIS R.O.T. NUMBER:** _____
F.E.L.N. OR SOCIAL SECURITY NUMBER: _____
4. **MAILING ADDRESS:** _____

5. **TYPE OF BUSINESS ORGANIZATION:**
() Sole Proprietorship () Partnership
() Corporation () Other
6. **PRINCIPAL OR MANAGER'S NAME:** _____
PHONE NUMBER: _____
ADDRESS: _____
CITY: _____ **STATE:** _____ **ZIP:** _____
7. **PERSON RESPONSIBLE FOR TAX RETURNS:** _____
PHONE NUMBER: _____
ADDRESS: _____
CITY: _____ **STATE:** _____ **ZIP:** _____
8. **DATE FIRST TAXABLE SALE IS ANTICIPATED TO BE MADE:** _____

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