



CITY OF HARYVEY
MAYOR CHRISTOPHER J. CLARK
Department of Revenue
15320 Broadway Avenue
Harvey, IL 60426
Phone: 708-210-5315
revenue@citofharveyil.gov

Distributor Fuel Tax
Distributor Fuel Tax Registration Form

Name of Business/DBA:

Business Telephone:

Business Location Address:

Email Address:

Company/Corporate Name:

(if Different from DBA)

Corporate Telephone:

Mailing Address:

(If different than Business Location Address)

Name of Owner or Manager:

Owner Telephone

(If different than business phone #)

IBT Number (Required):

E-Mail Address:

Estimated Annual Gallons Sold Subject to Distributor Fuel Tax:

Illinois Retailer Occupation Tax Number (IBT):

Federal Taxpayer ID 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 Preparer: _____

Date: _____

Completed registration forms may be mailed to:

City of Harvey
Attn: Department of Revenue - Distributor Fuel Tax
15320 Broadway Avenue
Harvey, IL 60426