

CITY OF PARK RIDGE REGISTRATION FORM FOR MOTOR FUEL TAX

This form is to be used by businesses (registrants) to register with the City for collection and payment of Motor Fuel tax.

RETURN THE COMPLETED FORM TO
CITY OF PARK RIDGE, FINANCE DEPARTMENT
505 BUTLER PLACE
PARK RIDGE, IL 60068

1. _____
Registrant's Name (please print) Telephone

2. _____
Address City State

3. _____
Business Name Telephone

4. _____
Tax I.D. #

5. Type of Business:
 Sole Proprietorship Corporation Partnership Other _____

6. _____
Manager's Name Telephone

7. Schedule for filing Illinois ST-1 Sales and Use Tax
 Monthly Quarterly Semi-Annually Annually

Date first taxable sales is anticipated to be made: _____

TAXES ARE DUE ON THE 20TH OF THE FOLLOWING MONTH

Signature acknowledges receipt of registration form and recognizes that the registrant is liable for The City of Park Ridge Motor Fuel Tax.

Signature of Registrant Date