



**VILLAGE OF SCHAUMBURG**  
**LOCAL MOTOR FUEL TAX REGISTRATION FORM**  
(Revised 6-17)

**SECTION A:**

Business Name:		
Street Address:		Schaumburg, IL
Zip Code:	Telephone #:	Fax #:

**SECTION B:**

Local Agent Name or Title:
Local Agent Address, City, State and Zip:

**SECTION C:**

Corporate Name:		
Mailing Address:		
City:	State:	Zip Code:
Telephone #:	Fax #:	

**SECTION D:**

Type of Business:	
Form of Business: Sole Proprietorship _____ Partnership _____ Corporation _____ Other _____	
FEIN #:	Illinois Taxpayer #:
Frequency for Filing Illinois RMFT: Monthly _____ Quarterly _____ Semi-Annually _____ Other _____	

**SECTION E:**

I hereby 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 Owner or Officer	Title	Date
Printed Name of Owner or Officer		

Please return this completed form to: Village of Schaumburg, Finance Department – Local Motor Fuel Tax  
101 Schaumburg Ct., Schaumburg, IL 60193-1899