



RETAIL GASOLINE DEALER LICENSE APPLICATION

License Year: _____

License Number: _____

Applicant Information:

Applicant Name: _____

Phone: _____ Email: _____

Position/Title: _____

Driver's License or State ID #: _____ Date of Birth: _____

Mailing Address: _____

Licensed Business Information:

Business Name: _____

DBA Name: _____

Business Location Address: _____

Business Type: Association Corporation Limited Liability Company Partnership
 Proprietorship

Mailing Address: _____

Phone: _____ Email: _____

For a proprietorship or partnership, provide the name, mailing address, phone number, and date of birth of all owners. For a corporation, provide the name, mailing address, phone number, and date of birth for each officer, director, manager, or stockholder owning or controlling the voting rights to more than 5% of the stock of the corporation.

1. Name: _____

Phone: _____ Date of Birth: _____

Mailing Address: _____

Position/Title: _____

2. Name: _____

Phone: _____ Date of Birth: _____

Mailing Address: _____

Position/Title: _____



RETAIL GASOLINE DEALER LICENSE APPLICATION

Has anyone listed on this application ever been convicted of a criminal offense or ordinance violation (other than traffic or parking offenses) in any jurisdiction?

YES NO

If YES, list the name of the person, offense, date of conviction, and location convicted:

Acknowledgement:

If this application is made on behalf of a partnership, club, or corporation, then two signatures are required (must be listed on this application).

I/We, the undersigned, say that I/we have read the foregoing application and that the statements therein are true, complete, and correct and are upon my/our personal knowledge and information. I/We, the undersigned, will not violate the laws of the United States of America, the State of Illinois, and the laws, ordinances, and regulations of the City of Peoria, Illinois. I/We understand any false statements could result in the revocation or denial of the requested license. I/We understand we cannot operate prior to receiving the requested license.

Signature of Applicant

Date

Printed Name

Signature of Applicant

Date

Printed Name

This application will be considered complete when:

- All sections of this application are completed in their entirety,

Submit all indicated items above to:

City of Peoria
Office of Accounts Receivable
419 Fulton St. Rm. 111
Peoria, IL 61602



RETAIL GASOLINE DEALER LICENSE APPLICATION

Application for a Retail Gasoline Dealer License

FEE: \$25.00

All Retail Gasoline Dealers in the City of Peoria are required to obtain a license before operation.

Requirements:

1. Remit the required Motor Fuel Tax to the City of Peoria in accordance with **Chapter 27 Article XII. Motor Fuel Tax.**

License Renewals:

All Retail Gasoline Dealer licenses are valid for one (1) year and expire March 31st. Licenses must be renewed annually.

Questions? Contact us.

City of Peoria – Office of Accounts Receivable

Email: ar@peoriagov.org

Phone: 309.494.8588

Address: 419 Fulton St. Rm. 111 Peoria, IL 61602