



**Illinois Department of Revenue**  
**REG-8-A Application for Motor Fuel Tax License**  
**(Distributor, Supplier, Receiver, and/or Blender)**

**Step 1: Identify your business or organization**

- 1** Federal employer identification number (FEIN)  
 FEIN: \_\_\_\_\_ - \_\_\_\_\_  
 Proprietorships must provide the Social Security number (SSN) under which taxes will be filed.  
 SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
- 2** Legal business name:  
 \_\_\_\_\_
- 3** Doing-business-as (DBA), assumed, or trade name, if different from Line 2:  
 \_\_\_\_\_
- 4** Primary or legal business address:  
 \_\_\_\_\_  
 Street address - No PO Box number Apartment or suite number  
 \_\_\_\_\_  
 City State ZIP
- 5** Mailing address if different from the address above:  
 \_\_\_\_\_  
 In-care-of name  
 \_\_\_\_\_  
 Street address or PO Box number Apartment or suite number  
 \_\_\_\_\_  
 City State ZIP
- 6** Location of books and records:  
 \_\_\_\_\_  
 Street address Apartment or suite number  
 \_\_\_\_\_  
 City State ZIP
- 7** Business website:  
 \_\_\_\_\_

- 8** Check the organization type that applies to you:  
 Proprietorship  
 \_\_\_\_\_ Check if owned by a married couple or civil union  
 Partnership  Trust or estate  
 Corporation\*  S Corp (Subchapter S Corporation)\*  
 \*Is your corporation publicly traded? \_\_\_ Yes \_\_\_ No  
 If yes, provide the ticker symbol \_\_\_\_\_  
 Governmental unit  Not-for-profit organization  
 LLC - Corporation  LLC - Partnership  
 LLC - Single member \_\_\_ Check if disregarded
- 9** State of incorporation: \_\_\_\_\_  
 Date of incorporation: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
- 10** Is your business part of a unitary group? \_\_\_ Yes \_\_\_ No  
 If "Yes", provide the FEIN of your designated agent (the entity responsible for filing your Illinois income tax return):  
 FEIN: \_\_\_\_\_ - \_\_\_\_\_
- 11** Identify a contact person regarding your business.  
 Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Ext.: \_\_\_\_\_  
 Email address: \_\_\_\_\_
- Note:** If the person identified above is not an employee or officer, **Form IL-2848, Power of Attorney**, must be attached to this application.
- 12** Owner and officer information:  
 Complete and attach **Schedule REG-8-O, Owner and Officer Information**
- 13** Responsible party information:  
 Complete and attach **Schedule REG-8-R, Responsible Party Information**

**Step 2: Out-of-state business information (If you are not an out-of-state business, go to Step 3.)**

- 14** Are you registered in Illinois as a foreign corporation? Yes  No   
 If "Yes", provide your Illinois Secretary of State identification number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 If "No", contact the Illinois Secretary of State to determine if you must register as a foreign corporation.
- 15** Illinois agent information (if you are an out-of-state applicant, you must identify an Illinois agent):  
 Complete and attach **Form RMP-14, Designation and Appointment of Agent**

**Step 3: Business information**

- 16** Is your business now (or has your business ever been) associated with any other corporation, company, or individual which has (or had) an interest in the sale or distribution of motor fuels/other fuels? Yes  No   
 If "Yes", provide the following information (attach additional sheets, if necessary):  
 Name of individual: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Name of business: \_\_\_\_\_ FEIN: \_\_\_\_\_ - \_\_\_\_\_  
 Motor Fuel License number: \_\_\_\_\_

17 Are any officers, directors, or partners of your business now (or have any officers, directors, or partners of your company ever been) associated with any other corporation, company, or individual which has (or had) an interest in the sale or distribution of motor fuels/other fuels?

Yes  No

If "Yes", provide the following information (attach additional sheets, if necessary):

Name of individual: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name of business: \_\_\_\_\_ FEIN: \_\_\_\_\_ - \_\_\_\_\_

Motor Fuel License number: \_\_\_\_\_

18 List all motor fuel/other fuel license numbers held by your business, from your home state and all other states (attach additional sheets, if necessary):

State	Gasoline license number	Special fuel license number	Other license number
_____	_____	_____	_____
_____	_____	_____	_____

**Step 4: Business activities**

19 Estimate the number of gallons handled monthly in Illinois:

Gasoline \_\_\_\_\_ Special Fuel \_\_\_\_\_ Dyed Diesel \_\_\_\_\_ Other Fuels (specify) \_\_\_\_\_

20 Describe in detail **all** of your intended monthly motor fuel/fuel operations in Illinois once licensed (attach additional sheets, if necessary):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

21 If you have previously held a motor fuel license in Illinois, describe in detail the changes to the operations of your business which require you to reapply for a new Illinois license (attach additional sheets, if necessary):

\_\_\_\_\_

\_\_\_\_\_

22 Will you import motor fuel or other fuels into Illinois? Yes  No  If "Yes", how often will you import? \_\_\_\_\_

List all products you will import: \_\_\_\_\_

List all states you will import from: \_\_\_\_\_

23 Will you export motor fuel or other fuels from Illinois? Yes  No  If "Yes", how often will you export? \_\_\_\_\_

List all products you will export: \_\_\_\_\_

List all states you will export to: \_\_\_\_\_

24 Provide the following information for **all** your suppliers of motor fuel and/or other fuels (attach additional sheets, if necessary):

Business name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Business address \_\_\_\_\_

Type of Transport*	Location of receipt (city and state)
_____	_____
_____	_____
_____	_____

Carrier owned/hired by you or supplier		Carrier owned/hired by you or supplier	
Select one:		Select one:	
Owned <input type="checkbox"/>	Hired <input type="checkbox"/>	You <input type="checkbox"/>	Supplier <input type="checkbox"/>
Owned <input type="checkbox"/>	Hired <input type="checkbox"/>	You <input type="checkbox"/>	Supplier <input type="checkbox"/>
Owned <input type="checkbox"/>	Hired <input type="checkbox"/>	You <input type="checkbox"/>	Supplier <input type="checkbox"/>

\*Tank car, Truck, Barge, Pipeline, Other-specify

Business name \_\_\_\_\_

Phone  
(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Business address \_\_\_\_\_

Type of Transport\* \_\_\_\_\_ Location of receipt (city and state) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*Tank car, Truck, Barge, Pipeline, Other-specify

Carrier owned/hired by you or supplier

Select one:

Owned  Hired

Owned  Hired

Owned  Hired

Select one:

You  Supplier

You  Supplier

You  Supplier

Business name \_\_\_\_\_

Phone  
(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Business address \_\_\_\_\_

Type of Transport\* \_\_\_\_\_ Location of receipt (city and state) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*Tank car, Truck, Barge, Pipeline, Other-specify

Carrier owned/hired by you or supplier

Select one:

Owned  Hired

Owned  Hired

Owned  Hired

Select one:

You  Supplier

You  Supplier

You  Supplier

25 Do you lease Illinois bulk storage tanks/space to another company? Yes  No  If "Yes", attach a copy of your contract.

Name of lessee: \_\_\_\_\_

Volume leased: \_\_\_\_\_

26 Do you lease Illinois bulk storage tanks/space from another company? Yes  No  If "Yes", attach a copy of your contract.

Name of lessor: \_\_\_\_\_

Volume leased: \_\_\_\_\_

27 List the Illinois bulk storage tanks/space you operate. List each storage tank separately (attach additional sheets, if necessary):

Location (street, city, and state)	Product Type*	Storage Capacity	Above or below ground	Owned or leased
_____	_____	_____	above <input type="checkbox"/> below <input type="checkbox"/>	owned <input type="checkbox"/> leased <input type="checkbox"/>
_____	_____	_____	above <input type="checkbox"/> below <input type="checkbox"/>	owned <input type="checkbox"/> leased <input type="checkbox"/>
_____	_____	_____	above <input type="checkbox"/> below <input type="checkbox"/>	owned <input type="checkbox"/> leased <input type="checkbox"/>
_____	_____	_____	above <input type="checkbox"/> below <input type="checkbox"/>	owned <input type="checkbox"/> leased <input type="checkbox"/>

\*Gas - Gasoline; GHL - Gasohol; DSL - Diesel; DD - Dyed Diesel; KER - Kerosene; AVI - Aviation/jet fuel; 1-K - 1-K Kerosene; Other - specify

28 List the Illinois retail outlets you own or operate. List each retail outlet separately (attach additional sheets, if necessary):

Location (street, city, and state)	Product Type*	Storage Capacity	Above or below ground	Owned or leased
_____	_____	_____	above <input type="checkbox"/> below <input type="checkbox"/>	owned <input type="checkbox"/> leased <input type="checkbox"/>
_____	_____	_____	above <input type="checkbox"/> below <input type="checkbox"/>	owned <input type="checkbox"/> leased <input type="checkbox"/>
_____	_____	_____	above <input type="checkbox"/> below <input type="checkbox"/>	owned <input type="checkbox"/> leased <input type="checkbox"/>
_____	_____	_____	above <input type="checkbox"/> below <input type="checkbox"/>	owned <input type="checkbox"/> leased <input type="checkbox"/>

\*Gas - Gasoline; GHL - Gasohol; DSL - Diesel; DD - Dyed Diesel; KER - Kerosene; AVI - Aviation/jet fuel; 1-K - 1-K Kerosene; Other - specify

29 Do you own fuel transport trucks? Yes  No  If "Yes", how many? \_\_\_\_\_

Do you own tank wagons? Yes  No  If "Yes", how many? \_\_\_\_\_

IFTA license number \_\_\_\_\_ Base jurisdiction \_\_\_\_\_

Will you sell aviation fuel at retail? Yes  No

**Step 5: Blending activities**

**30** Will you blend, compound, or manufacture motor fuel/other fuels?

Blend Yes  No

Compound Yes  No

Manufacture Yes  No

If you answered "Yes" to any of the above, complete the rest of Step 5. Otherwise, go to Step 6.

**31** If you will blend with alcohol, give the name(s) of your alcohol supplier(s): \_\_\_\_\_

If you will blend with soy, give the name(s) of your soy supplier(s): \_\_\_\_\_

**32** Tell us whether the only activity with respect to motor fuel/other fuels is:

Production of alcohol in quantities of less than 10,000 proof gallons per year

Blending alcohol in quantities of less than 10,000 proof gallons per year

**33** Estimate the number of gallons of motor fuel to be blended, compounded, or manufactured monthly:

Gasoline \_\_\_\_\_ Special Fuel \_\_\_\_\_ Dyed Diesel \_\_\_\_\_ Other Fuels (specify) \_\_\_\_\_

**34** Estimate the number of gallons of blending agent(s) to be blended, compounded, or manufactured monthly:

Alcohol/Ethanol \_\_\_\_\_ Soy/Biodiesel \_\_\_\_\_ 1-K \_\_\_\_\_ Other (specify) \_\_\_\_\_

**35** Give a detailed description of the products to be used for blending, compounding, or manufacturing:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**36** Give a detailed description of the process to be used for blending, compounding, or manufacturing:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**37** Identify the **location** and equipment used for blending, compounding, or manufacturing:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**38** What do you intend to do with the blended, compounded, or manufactured product(s)?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Continued on Next Page

## Acknowledgment of Responsibilities

By selecting "Yes" beside each statement, I am declaring I understand and acknowledge my responsibilities of holding a license under the Motor Fuel Tax Law.

### Acknowledgment statements

- Yes I must complete and file Form RMFT-5, Motor Fuel Distributor/Supplier Tax Return and/or Form RMFT-5-US, Underground Storage Tank Tax and Environmental Impact Fee Receiver Return on or before the due date for each reporting period even if I have had no activity during that period.
- Yes I acknowledge returns are due on the 20th of the month following the reporting period, unless the 20th falls on a weekend or holiday in which case it is due the next business day.
- Yes I acknowledge all returns and schedules must be filed electronically through MyTax Illinois.
- Yes I acknowledge that I must pay any tax money owed electronically on or before the due date.
- Yes I understand that I am required to report all motor fuel activity in the month that it occurred in the format deemed necessary by the Department.
- Yes I understand I need an Illinois agent if my business is located outside of Illinois.
- Yes I understand I need to submit a valid Power of Attorney if I want someone outside of my company to conduct business on my behalf.
- Yes I understand this application will not be processed until I submit all required information including complete owner/officer information.
- Yes I understand I must contact IDOR if my company's ownership changes or corporate officers change.
- Yes I understand I must contact IDOR if any of my motor fuel operations change.
- Yes I understand that I must operate as a Distributor/Supplier/Receiver each month (including the first month licensed) to maintain my license once approved.
- Yes I acknowledge that I have read the instructions for the RMFT-5 and/or RMFT-5-US.

[RMFT-5 Instructions](#)

[RMFT-5-US Instructions](#)

- Yes I acknowledge that I must maintain a bond with the Department unless otherwise informed by the Department.
- Yes Under penalties of perjury, I state that I have examined this application, and, to the best of my knowledge, it is true, correct, and complete.

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### Step 6: Sign below

I understand that I am not authorized to act as a distributor or blender of motor fuel, supplier of special fuel, or receiver of fuel in the state of Illinois until this application has been approved by the Illinois Department of Revenue and I receive a valid Motor Fuel Tax license for that purpose.

Under penalties of perjury, I state that I have examined this information and, to the best of my knowledge, it is true, correct, and complete.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_\_\_

Printed name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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**Mail your completed form with any required attachments to:**

**ALCOHOL TOBACCO AND FUEL DIVISION  
ILLINOIS DEPARTMENT OF REVENUE  
PO BOX 19467  
SPRINGFIELD IL 62794-9467**

If you have questions, email us at [REV.MF@illinois.gov](mailto:REV.MF@illinois.gov) or call us weekdays between 8:00 a.m. and 4:00 p.m. at **217 782-2291**.

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