



City of Decatur Finance Department

licensing@decaturil.gov
Office: (217) 424-2709

Terminal Operator Registration

Operator Name: _____ Operator Phone: _____
Address: _____ EIN: _____
City, State, Zip: _____ State License No: _____

DBA (if any) _____

Mailing Address: Same as above -

Mailing Address: _____
Mailing City, State, Zip: _____

Contact Name: _____ Contact Title: _____
Contact email: _____ Contact Phone: _____

Contact Name: _____ Contact Title: _____
Contact email: _____ Contact Phone: _____

Chapter 54.1 City Code - Amusement Push Tax

Push Tax payments accompanied by tax returns prescribed by the City shall be remitted to the City on or before the 20th day of the month following the month in which the payment for the Push Tax is made.

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.

Applicant Name	Signature	Title	Date
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Please return completed form;

Via Email: licensing@decaturil.gov

Via Mail: City of Decatur
Attention: Push Tax
1 Gary K. Anderson Plaza
Decatur, IL 62523