



Petroleum Activity Tax Supplier's License Application

Please complete in black or blue ink – do not use pencil.

Federal employer identification number

Social security number (if no FEIN)

New application Renewal application, PAT account number _____

1. Type of organization (check only one):
- Association/trust C corporation LLC
- LLP LTD (non-U.S.) Partnership
(other than LLP) QSSS S corporation
- Single-member LLC Sole proprietorship Other (please describe) _____

2. NAICS code: (for most current NAICS listing, visit us at tax.ohio.gov)

3a. Legal name of entity (sole proprietor complete 3b):

3b. Sole proprietor:

Last name First name M.I.

4. Trade name or DBA:

5. Primary address:

Number and street

City

State

ZIP code

Country (if other than U.S.A.)

6. Contact information:

Mailing address (if different than primary)

City

State

ZIP code

Country (if other than U.S.A.)

Contact name

Phone number

E-mail address



Federal employer identification number

Social security number

7. Applicant operates as: Distributor, i.e., Rack/Refinery Importer Both

The application fee for each type of operator is as follows: Rack/Refinery = \$1,000; Importer = \$300; Both = \$1,000. The application fee is due March 1st or within 30 days of first becoming subject to the tax, whichever is earlier. Please see instructions for payment information.

8. Please check the type(s) of fuel the applicant intends to sell: Gasoline Diesel Gasoline/alcohol blend
 LPG LNG Heating oil Kerosene Biodiesel Other _____

9. For new applicants only, when did you first become subject to the petroleum activity tax?
 (MM/DD/YY)

I hereby declare the above to be true and correct to the best of my knowledge and belief.

Name of applicant or agent (please print) Signature Date (MM/DD/YY)



Schedule A – Petroleum Activity Tax (PAT) – Responsible Party

Schedule A is to be completed by all taxpayers other than sole proprietorships. Please provide the required information for each responsible party member.

Name of filer:
 (as shown on line 3)

FEIN: **SSN:** **PAT account no. (if issued):**

Indicate: Officer*, general partner, managing partner or member	Name	Address	Country	
	SSN	City	State	ZIP code

*President, vice president, secretary, treasurer, statutory agent