



Application for License as a Motor Fuel Dealer

Pursuant to Ohio Revised Code section (R.C.) 5735.02, I/we hereby apply for a motor fuel dealer's license. For **sole owner**, print individual's name, address, owner's SSN and FEIN of the business. For a **partnership**, print full name, address and SSN of all partners and the partnership's FEIN. For an **LLC or LLP**, print the full name, address and SSN of all members. For a **corporation**, print the corporate name, corporation charter number issued by the Secretary of State authorizing business in Ohio and the corporation's FEIN. Use a separate piece of paper if necessary.

Under penalties of prosecution, no person shall make a false or fraudulent statement on this application.

1. Name of applicant _____
(If an Ohio charter number has been issued, use the name associated with the charter number.)
Company ID (FEIN/SSN) _____ Ohio charter number _____
Telephone _____ Fax _____ E-mail _____
2. Trade name/DBA if other than above _____
3. Check whether applicant operates as: Sole owner Partnership Corporation LLC LLP
 Other (list) _____
4. Account contact: Name _____
Phone number _____
E-mail _____
5. Business address (P.O. boxes not acceptable) _____
6. Mailing Address(if different than business address) _____
7. If a corporation, list name, address, email, and SSN of all officers and directors _____

8. If a partnership, list name, address, email, and SSN of all partners. If a LLC or LLP, list name, address, email, and SSN of all members _____

9. **In order to qualify for a motor fuel dealer's license, one or more of the following qualifications must be met. Place a check next to the activities that apply to your operation.**
 A. Any person who imports from another state or foreign country or acquires motor fuel by any means into a terminal in this state.
 B. Any person who imports motor fuel from another state or foreign country in bulk lot vehicles for subsequent sale and distribution in this state from bulk lot vehicles.
 C. Any person who refines motor fuel in this state.
 D. Any person who acquires motor fuel from a licensed motor fuel dealer for subsequent sale and distribution by that person in this state from bulk lot vehicles.
10. Check the type(s) of fuel you intend to sell Gasoline Diesel Gasoline/alcohol blend LPG
 LNG Heating oil Kerosene Biodiesel Other (list) _____

11. Have you, any partner, member, or corporation in which you or any other partner had greater than 5% interest ever had a motor fuel dealer's license revoked or cancelled by any state, federal government or province?

Yes No If yes, provide the state, etc., the reason for revocation/cancellation, and the date of revocation/cancellation. _____

12. What is your estimated monthly Ohio motor fuel tax liability? \$ _____

It is understood that upon approval of this application, the applicant will comply with all the laws/requirements of Ohio Revised Code Chapter 5735. It is also understood that the applicant will be required to file with the Department of Taxation, a surety bond in the amount of at least \$5,000 in accordance with R.C. section 5735.03. Failure to comply with applicable law could result in revocation of license, assessment of tax, interest and penalties and possible criminal prosecution.

Signature of dealer or officer of company

Title Date

Sworn to before me and in my presence subscribed this _____ day of _____ 20 ____ .

Notary public

Return original application to the Ohio Department of Taxation, Motor Fuel Tax Compliance Unit, P.O. Box 530, Columbus, Ohio 43216-0530. Retain copy for your files. Direct any questions to (855) 466-3921 or fax (206) 350-6722.