



Application for License as a Motor Fuel Exporter

Pursuant to Ohio Revised Code section (R.C.) 5735.026, I/we hereby apply for a motor fuel exporter'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 _____
4. Account contact: Name _____
Phone number _____
E-mail _____
5. Business address (P.O. boxes not acceptable) _____
6. Mailing address (if different from business address) _____
7. If a corporation, list name, address, e-mail and SSN of all officers and directors
8. If a partnership, list name, address, e-mail and SSN of all partners. If an LLC or LLP, list name, address, e-mail and SSN of all members.
9. 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 or revocation/cancellation

It is understood that upon approval of this application, the applicant will comply with all of the laws/requirements of Ohio Revised Code Chapter 5735. Failure to comply with applicable law could result in revocation of license, assessment of tax 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 completed application to the **Ohio Department of Taxation, Motor Fuel Tax Compliance Unit, P.O. Box 530, Columbus, OH 43216-0530**. Retain copy for your files. Direct any questions to (855) 466-3921 or fax (350) 350-6722.