



License number assigned

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 # has been issued, use the name associated with that charter number.)

FEIN _____ SSN _____ Ohio charter number _____

Telephone _____ Fax _____ E-mail _____

2. Trade name/DBA if other than above _____

3. Reason for this license request: New business Purchased existing business (provide name, full address and FEIN of the business you purchased)

Incorporated business Other (list reason) _____

4. Are you involved as an owner, officer, partner or member with anyone else who holds an Ohio motor fuel dealer's license?

Yes No. If yes, provide the name, address and FEIN of the other dealer

5. Check whether applicant operates as: Sole owner Partnership Corporation LLC LLP

Other (list) _____

6. If a corporation, date of qualification _____

List name, address and SSN of all officers and directors (attach separate sheet, if necessary)

7. If a corporation, state name and address of statutory agent

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

9. Business address (P.O. boxes not acceptable)

10. Mailing address (if other than that shown on line 9)

11. **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.

12. Check the type(s) of fuel you intend to sell Gasoline Diesel Gasoline/alcohol blend LPG
 LNG Heating oil Kerosene Biodiesel Other (list) _____

13. If you intend to use fuel yourself, give approximate percentage of own use to total distribution/sale. _____%
(This includes fuel used in your own vehicles and sold through your own retail service stations.)

14. Is your company owned or controlled by any other person or corporation? Yes No If yes, give name, address and FEIN/SSN of the other person/corporation.

15. Do you own/rent/lease bulk storage facilities in Ohio? Yes No If yes, provide exact address (no P.O. box) and gallonage capacity of each facility.

16. Do you own/rent/lease terminal storage facilities in Ohio? Yes No If yes, provide exact address (no P.O. box) and gallonage capacity of each facility (attach separate sheet, if necessary).

17. Do you take a physical inventory book inventory of all motor fuel? Yes No If yes, how often?

18. Do you maintain accurate and detailed records of all motor fuel transactions, including all fuel receipts and disbursements? Yes No If yes, how long are records kept?

19. Do you produce ethanol, bio-diesel or other types of liquid alternative fuels? If so, list which types are produced and estimated number of gallons produced annually.

20. Do you blend alcohol/gasoline? Yes No

21. Do you import motor fuel into Ohio from any other state, territory or province? Yes No If yes, list the state(s), etc.

22. Do you own/lease your own tank wagons/tank tanks? Yes No If yes, provide quantity, vehicle serial numbers and Ohio fuel use permit number, if applicable.

23. Provide the name, address, telephone number and account number of all banks you intend to use to remit motor fuel taxes (attach separate sheet, if necessary).

24. 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 by any state, federal government or province?

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

25. List the states (including the federal government) and license number for each state in which you are currently authorized as a motor fuel dealer/distributor (attach separate sheet, if necessary).

26. Do you operate or own any retail service stations? Yes No If yes, provide name and address of each location (attach separate sheet, if necessary).

27. How many retail stations will you supply? _____

28. Will you be supplying home heating oil to customers? If so, list the types of home heating oil you'll be supplying.

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

30. Have you, any partner, member or a corporation in which you or any other partner had greater than 5% interest ever been in bankruptcy? Yes No If yes, provide explanation and date(s) of bankruptcy.

31. If you are a sole proprietor, attach a copy of your most current federal income tax return. Otherwise attach a complete, current financial statement, as prepared by your accountant, to this application. A self-generated financial statement is not acceptable.

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 **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.