



License number assigned

## Application for License as a Retail 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 you are a corporation, **DO NOT** use your name, use the corporation name.)

FEIN \_\_\_\_\_ SSN \_\_\_\_\_ Ohio charter number \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

2. Trade name if other than above \_\_\_\_\_

3. Check whether applicant operates as:  Sole owner  Partnership  Corporation  LLC  LLP  
 Association  Other (list) \_\_\_\_\_

4. If a corporation, date of qualification \_\_\_\_\_

List name, address and SSN of all corporate officers and directors

\_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

7. Location detail. List physical address of every retail location in Ohio – P.O. boxes not acceptable. Also, list the estimated monthly gallonage disbursement for each location listed (use a separate sheet of paper, if necessary).

\_\_\_\_\_

8. Mailing address (if other than that shown on line 7)

\_\_\_\_\_

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

\_\_\_\_\_

10. Do you maintain accurate and detailed records of all bulk motor fuel receipts?  Yes  No If yes, how long are records kept?

\_\_\_\_\_

11. Do you take "stick readings" of fuel at your retail location?  Yes  No If yes, how long are records kept?

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Do you take meter or totalizer readings at your retail location?  Yes  No If yes, how often?

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12. Have you, any partner, member or a corporation in which you or any other partner or member had greater than 5% interest ever had a retail 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.

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It is understood that upon approval of this application, the applicant will comply with all of the laws/requirements as applicable under 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.

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Signature of dealer or officer of company

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Title

Date

Sworn to before me and in my presence subscribed this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_ .

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Notary public

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