



**APPLICATION FOR
MOTOR VEHICLE FUEL DEALER LICENSE
THE CITY OF COBURG, OREGON**

OREGON DEPARTMENT OF TRANSPORTATION
FUELS TAX GROUP
550 CAPITOL ST NE
SALEM OR 97301-2530
(503)378-8150

INSTRUCTIONS: COMPLETE ALL PAGES OF THIS FORM AND ATTACH COPIES OF FINANCIAL STATEMENTS (CERTIFIED IF AVAILABLE) FOR THE LAST TWO YEARS. NEWLY ESTABLISHED COMPANIES SHOULD ATTACH LETTER(S) FROM BANKS OR OTHER FINANCIAL INSTITUTIONS PROVIDING CREDIT REFERENCES FOR A NEW COMPANY. **PRINT OR TYPE ALL INFORMATION AND ATTACH EXTRA SHEETS IF NECESSARY.**

**APPLICATION IS HEREBY MADE FOR A MOTOR VEHICLE FUEL DEALER LICENSE IN
THE CITY OF COBURG, OREGON. THIS IS REQUIRED TO COMPLY WITH ORDINANCE 211**

Part 1. Identifying Information

1. Type of Ownership: Proprietorship C Corp S Corp Partnership Limited Partnership (LP)
 Limited Liability Partnership (LLP) Limited Liability Company (LLC) Other(identify)_____

If a corporation, State of Incorporation: _____ Date Incorporated: _____ Corporate Number _____

If an LLC, State of Organization: _____ Date Organized: _____ LLC Number: _____

If a partnership / LP / LLP, State of Organization: _____ Date Organized: _____

Attach copy of Articles of Incorporation, LLC Operating Agreement, Partnership Agreement, Charter or Certificate of Authority To Do Business

2. Legal Name: _____ 3. Trade Name (DBA) _____

4. Business Location: Street _____
(Not PO Box Number) City _____ State _____ Zip _____ County _____

5. MAILING ADDRESS Street or PO Box _____
City _____ State _____ Zip _____

6. E-Mail Address: _____

7. Licensing Contact: Name: _____ Telephone # _____ Fax # _____

8. Preparer Mailing Address: Name _____
Street or PO Box _____
City _____ State _____ Zip _____
E-Mail Address _____

9. Filing Contact Name: _____ Telephone # _____ Fax # _____

10. Location of Records Street _____
City _____ State _____ Zip _____ County _____

11. FEDERAL EMPLOYER'S IDENTIFICATION NUMBER (FEIN): —

Part II. Ownership Information

Each corporate officer, principal, manager, partner or owner must complete the information requested below. If needed, attach additional sheet(s) to provide the information requested in this application.

(Mark Applicable Box for title) President Manager Member Partner Owner

1. Full Name (first, middle, last) _____

2. Residence address (street address, city, state, zip) _____

3. Telephone (residence) _____ 4. Telephone (business) _____

5. Social Security Number _____ 6. Driver's License Number & State _____

(Mark Applicable Box for title) President Manager Member Partner Owner

7. Full Name (first, middle, last) _____

8. Residence address (street address, city, state, zip) _____

9. Telephone (residence) _____ 10. Telephone (business) _____

11. Social Security Number _____ 12. Driver's License Number & State _____

Note: Licensees must provide licensee social security number or federal Employer Identification number where indicated. The Social Security number is requested pursuant to ORS 305.385 and OAR 150-305.100. Social Security numbers provided pursuant to this authority will be used for administration of state, federal and local tax laws.

13. List full name of directors (Attach additional sheets if necessary)	Address (mailing address, city, state, zip)
14. List full name of shareholder with controlling interest in corporation** (Attach additional sheets if necessary)	Address (mailing address, city, state, zip)

** If there are 15 or less shareholders, all shareholders have a controlling interest. If there are more than 15 shareholders, shareholders with 5% or more ownership have a controlling interest.

15. All Domestic and Foreign Limited Partnerships, Limited Liability Partnerships, Corporations and LLC's must register with the Oregon Secretary of State, Corporation Division.

a) Are you registered with the Corporation Division of the Secretary of State? Yes No

b) Date that you qualified to do business in Oregon (month/day/year) _____

c) Business Registration Number _____

16. Has the corporation, LLC, LLP, LP, partnership or any officers, members, controlling shareholders of the corporation or owners of the business been convicted of any felony or misdemeanor involving motor fuel?

Yes No (If yes, explain)

17. Name of bank or financial institution which you will use to pay the motor fuels tax:

Name _____ Account Number _____

Street or PO Box _____ City _____ State ____ Zip _____

Telephone Number _____ Fax Number _____

18. Other business licenses or permits held by applicant.

19. If your business is based in another state, list name, address, telephone number and fax number of this state's registered agent.

Name _____

Street or PO Box _____ City _____ State ____ Zip _____

Telephone Number _____ Fax Number _____

20. Indicate the counties / states in which you do business.

21. Date business started in this city for which this license is requested. ____ / ____ / ____

22. Has the corporation, LLC, LLP, LP, partnership or proprietorship now or in the past conducted any other business using a DBA?

Yes No (If yes, explain)

23. Does the corporation, LLC, LLP, LP, partnership or proprietorship own any property in Oregon?

Yes No (If yes, explain)

24. Does any officer, director, member, controlling shareholder, partner or owner own or control any petroleum business which operates in Oregon or any other state or jurisdiction? (e.g., other refiners, suppliers, distributors, transportation company, retail outlets, terminal operations, etc.)

Yes No (If yes, explain)

25. Does any officer, director, member, controlling shareholder, partner or owner own or control any petroleum transport equipment which operates in Oregon or any other state or jurisdiction?

Yes No (If yes, explain)

26. List any current or previous officer, director, member, controlling shareholder, partner or sole proprietor of any entity who holds or has held, within the last seven years, a motor vehicle fuel dealer's license in the City of Coquille, or the State of Oregon or another jurisdiction.

Please provide the information as requested to the right for each person listed.	Jurisdiction	License Number	Relationship to license holder
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27. If the business was acquired, from whom was it acquired?

List the type of fuel and number of gallons in storage tanks at the time of purchase.

Part III. Business Operations Information	List federal (637) Number (if applicable) _____ / _____ / _____
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- Yes No 1. Do you maintain bulk storage facilities in the City of Coburg?
 2. Where is your bulk storage located? _____
 3. Fuel Storage Capacity: Above Ground _____ Below Ground: _____
 4. If no bulk storage facility is owned, explain other storage arrangements: _____

- Yes No 5. Do you plan to import petroleum products into the City of Coburg?
 6. Indicate the type of petroleum products imported into the City of Coburg.
 Gasoline Other (describe) _____
 7. Indicate the means of transport for this imported product.
 Transport Truck Tankwagon Truck
 Pipeline Railroad Tank Car Other – Describe _____
 8. List the jurisdictions from which you import petroleum products and your license number in that jurisdiction, if applicable. *(Attach additional sheets if necessary)*

9. Estimate the number of taxable gallons that will be sold or used in the City of Coburg during an average month.
 _____ Gasoline _____ Alcohol / Ethanol / Methanol _____ Diesel

- Yes No 10. Do you plan to export petroleum products out of the City of Coburg?
 11. Indicate the type of petroleum products exported out of the City of Coburg..
 Gasoline Other (describe) _____
 12. Indicate the means of transport for this exported product.
 Transport Truck Tankwagon Truck
 Pipeline Railroad Tank Car Other – Describe _____
 13. List the jurisdictions to which you export petroleum products and your license number in that jurisdiction, if applicable. *(Attach additional sheets if necessary)*

- Yes No 14. Do you plan to sell fuel to other persons / businesses in the City of Coburg? If so, indicate the monthly volume of motor vehicle fuel expected to be sold. _____

15. What other types of operations will you be engaged in?

- Exchanges Direct Shipments Other (Describe) _____
 Sales on Consignment Sell Petroleum Products
 Operate Service Stations Trade Petroleum Products

16. If you operate service stations, cardlocks or keylocks in or within 10 miles of the City of Coburg, please list their locations (address, city, state, zip) and inform us of any changes as they occur.

(Attach additional sheets if necessary)

17. Provide the following information about suppliers from whom you purchase motor fuels and exchange partners from whom you receive motor fuels. *(Attach additional sheets if necessary)*

Name	Shipping / Delivery Point	Product

Part IV. Certification

- A LICENSED COBURG DEALER IN MOTOR VEHICLE FUEL IS REQUIRED TO KEEP AND MAINTAIN, WITHIN THE STATE, FOR A PERIOD OF THREE YEARS, A COMPLETE RECORD OF MOTOR VEHICLE FUEL USED, SOLD AND DISTRIBUTED WITHIN THE CITY OF COBURG, OREGON.
- AN APPLICANT MAY BE REQUIRED TO PROVIDE ADDITIONAL INFORMATION, INCLUDING, BUT NOT LIMITED TO, CERTIFIED FINANCIAL STATEMENTS AND COPIES OF FEDERAL INCOME TAX RETURNS AND FEDERAL EXCISE TAX RETURNS FOR THE PAST THREE YEARS FOR THE INDIVIDUAL, PARTNERSHIP, CORPORATION, OR LIMITED LIABILITY COMPANY, INCLUDING THE RETURNS OF THE OFFICERS AND PARTNERS.
- THE DEPARTMENT RESERVES THE RIGHT TO INVESTIGATE ALL APPLICANTS PRIOR TO ISSUANCE OF A MOTOR VEHICLE FUEL DEALER BUSINESS LICENSE IN THE CITY OF COBURG, OREGON.
- THE UNDERSIGNED HEREBY UNDERSTANDS THAT THE OREGON DEPARTMENT OF TRANSPORTATION MAY SHARE ANY AND ALL INFORMATION CONTAINED IN THIS APPLICATION AS WELL AS ANY INFORMATION CONTAINED ON TAX REPORTS WITH TAXING AGENCIES IN OTHER JURISDICTIONS OR WITH THE FEDERAL GOVERNMENT.
- THE UNDERSIGNED CERTIFIES THAT ALL INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND ACCURATE. THIS CERTIFICATION IS GIVEN WITH THE UNDERSTANDING THAT IT IS A CRIME, UNDER ORS 162.075, TO CERTIFY THE TRUTH OF A STATEMENT KNOWING THAT THE STATEMENT IS NOT TRUE. SUCH A CRIME IS PUNISHABLE BY A JAIL SENTENCE OF UP TO ONE YEAR, A FINE OF \$2,500.00, OR BOTH.

NAME OF APPLICANT	SIGNATURE OF APPLICANT X	DATE SIGNED
OFFICIAL HOLDING PROPER AUTHORITY (PRINT NAME AND TITLE)		
SIGNATURE OF OFFICIAL X	DATE SIGNED	