



**MOTOR VEHICLE FUEL
DEALER CERTIFICATE
City of Coquille, Oregon**

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

Applicant: _____
(Legal Entity Name)

Business Type: Corporation LLC LP LLP Partnership Proprietorship

I, _____, being duly sworn, depose and say upon oath that I am the duly
(Name of principal or managing agent)

appointed and qualified _____ of the above named entity organized under the laws
(Official position)

of the State of _____.

That the above listed name is the name under which this entity is duly authorized to transact its business within the state of Oregon;

That the managing agent of this entity (if appropriate) is:

| Name | Address | Title |
|-------|---------|-------|
| _____ | _____ | _____ |

That the principal officers, owners or members of this entity are:

| Name | Address | Title |
|-------|---------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

That said company has made application to the Oregon Department of Transportation for a license to operate as a dealer in motor vehicle fuel within the city of Coquille, Oregon;

That the principal place of business of said company within the State of Oregon is located at

That complete detail and summary accounting records covering all purchases, receipts, sales, distributions, transfers of fuel stock and other transactions relative to all motor vehicle fuel handled within the city of Coquille, Oregon will be maintained and kept available for inspection at the following named offices;

| Name | Address |
|-------|---------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

MOTOR VEHICLE FUEL DEALER CERTIFICATE (cont)

That all company owned and operated service stations, cardlocks, keylocks and bulk storage facilities are located at (attach separate list if necessary);

Name

Address

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

That if the company is based outside of Oregon, the name and address of the Oregon Registered Agent is;

Name

Address

Phone

Fax

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |

That the foregoing statements are made for the purpose of qualifying said company as being eligible to receive a license to transact its appropriate business as a DEALER in motor vehicle fuel within the city of Coquille, Oregon, in accordance with the provisions of Ordinance 1462.

IN WITNESS WHEREOF, I have hereunto set my hand this _____ day of _____, _____

(Signature of Affiant)

(Address of Affiant)

(State)

(County)

This instrument was signed before me on this _____ day of _____, _____

By: _____
(name of signer)

(Notary Public)

My commission expires: _____

The Affiant may be any one of the principal officers or members of a corporation, Limited Liability Company, Limited Partnership or Limited Liability Partnership or the owner in the case of a proprietorship.