



**APPLICATION FOR
MOTOR VEHICLE FUEL DEALER LICENSE
STATE OF OREGON**

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

INSTRUCTIONS: COMPLETE ALL PAGES OF THIS FORM AND ATTACH EXTRA SHEETS IF NECESSARY.

**APPLICATION IS HEREBY MADE FOR A MOTOR VEHICLE FUEL DEALER LICENSE IN THE STATE OF OREGON.
THIS IS REQUIRED TO COMPLY WITH ORS 319.010 TO 319.430**

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 _____

State of Incorporation (CORP): _____ Date Incorporated: _____ Corporate Number: _____

State of Organization (LLC): _____ Date Organized: _____ LLC Number: _____

State of Organization (PARTNERSHIP,LP,LLP): _____ Date Organized: _____

2. Legal Name: _____

3. Trade Name (DBA): _____

4. FEDERAL EMPLOYER'S IDENTIFICATION NUMBER (FEIN): -

5. Business Address (Physical): (REQUIRED)

Street: _____

City: _____ State: _____ ZIP: _____ County: _____

6. Mailing Address or PO Box:

Street or PO Box: _____

City: _____ State: _____ ZIP: _____

7. Primary Contact*: _____ E-mail: _____

Phone: _____ Fax: _____

** This contact will be notified of Suspended, Revoked and Reinstated Oregon Licensed Dealers in accordance with ORS 319.102 unless otherwise indicated.*

Name: _____ E-mail: _____

8. Reporting Contact: _____ E-mail: _____

Phone: _____ Fax: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

9. Location of Records:

Street: _____

City: _____ State: _____ ZIP: _____ County: _____

Part 2. Ownership Information

1. All Domestic and Foreign Limited Partnerships, Limited Liability Partnerships, Corporations and LLC's **with facilities operating in Oregon** 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 _____ State (if not Oregon) _____

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

Name: _____

Phone: _____ Fax: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

3. 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) _____

4. Other business licenses or permits held by applicant. _____

5. Indicate the states in which you do business. _____ 6. Date business started in this state for which this license is requested. _____

7. 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) _____

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

Yes No (If yes, explain) _____

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

Yes No (If yes, explain) _____

10. 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?

Yes No (If yes, explain) _____

11. 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.

Type	Gallons	Type	Gallons

Part 3. Business Operations Information List federal (637) Number (if applicable): _____

Yes No 1. Do you maintain bulk storage facilities in Oregon?

2. Where is your bulk storage located? _____

3. Fuel Storage Capacity: Above _____ Below _____
Ground: _____ Ground: _____

4. If no bulk storage facility is owned, explain other storage arrangements: _____

Yes No 5. Do you plan to import fuel products into Oregon?

6. Indicate the type of fuel products imported into Oregon:
 Gasoline Jet Fuel Aviation Gasoline Alcohol/Ethanol/Methanol

7. Indicate the means of transport for this imported product:
 Seagoing Vessel/Barge Transport Truck Tankwagon Truck Pipeline
 Railroad Tank Car Other _____

8. List the states from which you import fuel products and your license number in that state.
 State: _____ License Number: _____
 State: _____ License Number: _____

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9. Estimate the number of taxable gallons that will be sold or used in Oregon during an average month.

Gasoline _____ Jet Fuel _____ Aviation Gasoline _____ Alcohol/Ethanol/Methanol _____

Yes No

10. Do you plan to export fuel products out of Oregon?

11. Indicate the type of fuel products exported out of Oregon:

Gasoline Jet Fuel Aviation Gasoline Alcohol/Ethanol/Methanol

12. Indicate the means of transport for this exported product:

Seagoing Vessel/Barge Transport Truck Tankwagon Truck Pipeline
 Railroad Tank Car Other _____

13. List the states to which you export fuel products and your license number in that state.

State: _____ License Number: _____

State: _____ License Number: _____

Yes No

14. Are you a shipper of record on one of the commercial pipelines serving Oregon?

Yes No

15. Do you plan to sell fuel to other persons / businesses in Oregon? If so, indicate the monthly volume of motor vehicle fuel expected to be sold for each category below.

Oregon Licensed Motor Vehicle Fuel Dealers _____ Unlicensed Persons: _____

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

Exchanges Direct Shipments Sales on Consignment Sell Fuel Products
 Operate Service Stations Trade Fuel Products Other _____

17. If you operate service stations, cardlock or keylock operations in Oregon, list their locations (address, city, state, zip) and inform us of any changes as they occur.

18. Provide the following information about suppliers from whom you purchase motor fuels and exchange partners from whom you receive motor fuels.

Name	Shipping/Delivery Point	Product

Part 4. Certification

- A LICENSED OREGON 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 OREGON. **IF THE APPLICANT ELECTS TO MAINTAIN SUCH RECORDS AT LOCATIONS OTHER THAN IN OREGON, THE APPLICANT MUST REIMBURSE THE STATE OF OREGON FOR TRAVEL EXPENSE, INCLUDING MEALS AND LODGING COSTS, INCURRED BY ITS AUDITORS WHEN THEY ARE REQUIRED TO GO OUTSIDE OF OREGON TO CONDUCT AUDITS AND EXAMINATIONS OF SUCH RECORDS.**
- 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 APPLICANT AUTHORIZES THE DEPARTMENT TO OBTAIN INFORMATION FROM OUTSIDE SOURCES, INCLUDING CREDIT BUREAUS, PRIOR TO ISSUANCE OF A MOTOR VEHICLE FUEL DEALER LICENSE IN 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

INSTRUCTIONS FOR COMPLETING APPLICATION

1. TYPE OF OWNERSHIP Select appropriate box or fill in other. Complete applicable fields related to the type of ownership selected regarding date, state and number.
2. LEGAL NAME: Name under which taxes are filed and which corresponds to the Taxpayer Identification Number listed. Non-personal names must be registered with the Secretary of State Corporation Division.
3. TRADE NAME (DBA) Additional name under which business is conducted. DBA's or Assumed Business Names must be registered with the Secretary of State Corporation Division.
4. TAXPAYER ID NUMBER Federal Employer Identification Number (FEIN) or Social Security Number (SSN) of the legal entity/owner
5. BUSINESS ADDRESS Physical location of place of business (REQUIRED)
6. MAILING ADDRESS Different location or P.O. Box where mail is to be sent
7. PRIMARY CONTACT Person responsible for decisions regarding this license
8. REPORTING CONTACT Person responsible for periodic reporting to Fuels Tax Group
9. LOCATION OF RECORDS Address where records relating to fuel purchased/used is maintained

PART 2

1. REGISTRATION Indicate if registered with the Corporation Division including date of qualification and Registry number. Required for entities operating facilities in Oregon ONLY. These entities must provide the state of business registration.
2. REGISTERED AGENT List Oregon registered agent information if legal entity is based outside Oregon (REQUIRED FOR BUSINESSES WITH OPERATIONS IN OREGON ONLY).
3. FELONY/MISDEMEANOR Indicate if any member has been convicted of a felony or misdemeanor involving motor fuel.
4. OTHER LICENSES HELD Other fuel related licenses held by applicant
5. OTHER STATES Other states in which applicant is engaged in the fuel related activities
6. DATE STARTED Date business started
7. PREVIOUS DBAs List any DBAs under which operations have occurred
8. PROPERTY List any property owned by the entity
9. OUT OF STATE BUSINESS List any out of state businesses of which the principal parties are involved
10. TRANSPORT EQUIPMENT List fuel transport equipment/business of which the principal parties are involved
11. ACQUISITION Date business was acquired and list of fuel on hand at time of purchase

PART 3

1. BULK STORAGE Locations, capacities or other arrangements
5. IMPORTING FUEL Type, means of transport, states importing from, estimate of gallons imported
10. EXPORTING FUEL Type, means of transport, states exporting to
14. SHIPPER Indicate if shipper of record on pipelines serving Oregon
15. SALES Sales to other licensees and non-licensees and volumes
16. OTHER OPERATIONS Check other types of operations in state
17. LOCATIONS List location of service stations, cardlocks or keylocks
18. SUPPLIERS List suppliers