



APPLICATION FOR USE FUEL SELLER LICENSE STATE OF OREGON ORS 319.510 TO 319.990

OREGON DEPARTMENT OF TRANSPORTATION FUELS TAX GROUP 550 CAPITOL ST NE SALEM OR 97301-2530 (503) 378-8150 Outside Salem (888) 753-2525

- NEW LICENSE
NEW LICENSE DUE TO NAME/ TAXPAYER ID/ ENTITY CHANGE (see #17) - Previous license number
NEW LICENSE - Purchase of existing business (see #18) - Previous license number

Part 1. Identifying Information COMPLETE ALL APPLICABLE FIELDS or INDICATE N/A Full Instructions on page 4

1. Legal Name:

2. Trade Name (DBA):

3. TAXPAYER IDENTIFICATION NUMBER (SSN or FEIN):

4. Business Address (Physical): (REQUIRED)

Street:

City: State: ZIP: County:

5. Mailing Address:

Street or PO Box:

City: State: ZIP:

6. Primary Contact: E-mail:

Phone: Fax:

7. Licensing Contact: E-mail:

Phone: Fax:

8. Reporting Contact: E-mail:

Phone: Fax:

Mailing Address:

City: State: ZIP:

9. Location of Records:

Street:

City: State: ZIP: County:

- 10. Type of Ownership: Proprietorship, Individual, Corporation, 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:

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

Part II. Ownership Information

11. **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

Full Name (first, middle, last): _____

Residence Address: _____

Telephone (residence): _____ Telephone (business): _____

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

Full Name (first, middle, last): _____

Residence Address: _____

Telephone (residence): _____ Telephone (business): _____

12. List Full Name of Directors: _____ Full Address: _____

13. List Full Name of Shareholders with controlling interest in corporation**: _____ Full Address: _____

*** 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.*

14. 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 (see Instructions for additional information).

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) _____

15. 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)

16. If your business is based in another state, list name, address, telephone number and fax number of this state's registered agent (if required, see instructions for line 14).

Name: _____

Phone: _____ Fax: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

17. Date of first sale of fuel in this state. **(REQUIRED)** _____ 18. If the business was acquired, from whom was it acquired? _____

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

19. Indicate the location(s) where Use Fuel is sold in Oregon and the types of operations (if more than one type of operation is present at a location, indicate whether there are separate tanks or shared tanks (e.g., retail cardlock)):

ADDRESS	CITY	RETAIL PUMPS	CARD LOCK	FLEET FUELING	BULK SALES	FUEL TYPES		
						Diesel	Propane	CNG
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

20. Provide the following information about suppliers from whom you purchase Use Fuel. ATTACH ADDITIONAL PAGES IF NEEDED.

Name	Address

NOTE

This license is issued to the “person or entity” making application and is not transferable. Purchase of existing operations or business entity (new FEIN) changes require a new license. Upon ceasing operations in the state of Oregon, it is the licensee’s responsibility to request the license be canceled.

Part IV. Certification

- A LICENSED USE FUEL SELLER IS REQUIRED TO KEEP AND MAINTAIN, WITHIN THE STATE, FOR A PERIOD OF THREE YEARS, A COMPLETE RECORD OF USE FUEL SOLD.
- 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 USE FUEL SELLER 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

FORWARD THE ORIGINAL SIGNED APPLICATION TO THE ADDRESS LISTED AT THE TOP OF PAGE 1. APPLICATIONS MAY ALSO BE PRINTED FROM THE FUELS TAX GROUP WEBSITE:

www.oregon.gov/odot/cs/ftg

INSTRUCTIONS FOR COMPLETING APPLICATION

1. 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.
2. 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.
3. TAXPAYER ID NUMBER Federal Employer Identification Number (FEIN) or Social Security Number (SSN) of the legal entity/owner
4. BUSINESS ADDRESS Physical location of place of business (REQUIRED)
5. MAILING ADDRESS Different location or P.O. Box where mail is to be sent
6. PRIMARY CONTACT Person responsible for decisions regarding this license
7. LICENSING CONTACT Person responsible for initial licensing activities
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
10. 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.

NOTE: Government or related state agencies must contact the Fuels Tax Group for further instructions.

11. OWNERSHIP INFO Complete personal information for each applicable person
12. DIRECTORS List name and address of each Director
13. SHAREHOLDERS List Name and address of each shareholder with controlling interest
14. 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.
15. FELONY/MISDEMEANOR Indicate if any member has been convicted of a felony or misdemeanor involving motor fuel.
16. REGISTERED AGENT List Oregon registered agent information if legal entity is based outside Oregon (REQUIRED FOR BUSINESSES WITH OPERATIONS IN OREGON ONLY).
17. FIRST USE Date of first sale of fuel in the state subject to reporting and taxation requirements
18. ACQUISITION Previous owner of business (if applicable)
19. LOCATIONS/OPERATIONS Check the types of operations at each location listed
20. SUPPLIERS List all suppliers names and addresses