



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
NEW LICENSE - Purchase of existing business

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

- 1. 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:

2. Legal Name:

3. Trade Name (DBA):

4. TAXPAYER IDENTIFICATION NUMBER (SSN or FEIN):

5. Business Address (Physical): (REQUIRED)

Street:

City: State: ZIP: County:

6. Mailing Address:

Street or PO Box:

City: State: ZIP:

7. Primary 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:

APPLICATION FOR USE FUEL SELLER LICENSE – STATE OF OREGON (Cont.)

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 (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) _____

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. Date of first sale of fuel in this state. **(REQUIRED)**

5. If the business was acquired, from whom was it acquired?

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

Type	Gallons	Type	Gallons

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) _____

Part 3. Business Operations Information

List federal (637) Number (if applicable):

1. 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"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

APPLICATION FOR USE FUEL SELLER LICENSE – STATE OF OREGON (Cont.)

2. 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 4. 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. 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. FIRST USE Date of first sale of fuel in the state subject to reporting and taxation requirements
5. ACQUISITION Previous owner of business (if applicable)
6. FUEL ON HAND List fuel on hand at time of purchase
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

PART 3

1. LOCATIONS/OPERATIONS Check the types of operations at each location listed
2. SUPPLIERS List all suppliers names and addresses

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State of Oregon
USE FUEL SELLER BOND

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

Bond #:

[Empty box for Bond #]

Effective Date:

[Empty box for Effective Date]

Applicant:

(Principal)

(Legal Entity Name)

Business Type: [] Corporation [] LLC [] LP [] LLP [] Partnership [] Proprietorship

THIS CERTIFIES that the above described company, duly organized and existing under and by virtue of the laws of the state of its incorporation or organization, AND the Surety listed below, duly organized and existing under and by virtue of the laws of the state of its incorporation or organization, AND duly authorized to transact a surety in the State of Oregon, as surety, are held and firmly bound unto the State of Oregon for the penal sum of:

\$

for the payment of which we hereby bind ourselves, our respective heirs, executors, administrators or respective legal representatives, successors and assigns, jointly or severally, firmly by these presents.

Surety Name

Address

THE CONDITIONS OF THIS OBLIGATION ARE SUCH THAT:

WHEREAS, the Principal has made application to the Oregon Department of Transportation for a license to engage in business as a SELLER of use fuel as authorized and as required by ORS 319.500 through 319.880.

NOW, THEREFORE, if said Principal shall comply with all the conditions imposed by ORS 319.500 through 319.880 and subsections (2), (4) and (5) of 319.990 then this obligation shall be null and void, otherwise to remain in full force and effect and it shall be a continuing instrument and shall cover any and all periods of time including the first and all subsequent periods for which a license may be granted in consequence of the giving of such bond. Any recovery on this obligation will not invalidate any future recovery, up to the limit of the sum stated above. The surety on this obligation may be released and discharged from any and all liability to the State accruing on this bond only after the expiration of 60 days from the date upon which such surety shall have filed with the Department a written request to be released and discharged, but this provision shall not operate to relieve, release or discharge the surety from any liability already accrued or which shall accrue before the expiration date of the 60 day period.

IN WITNESS WHEREOF, the said Principal and said surety have each caused these presents to be duly executed by its duly authorized representative or representatives, and its corporate seal to be hereunto affixed.

Dated this _____ day of _____, _____

PRINCIPAL
(Corporate Seal if a Corporation)

SURETY
(Corporate Seal)

By _____

By _____

By _____

By _____

Phone _____

NOTE: When the Principal is a corporation, the foregoing instrument must be accompanied by a certified copy of the minutes of the meeting of the board of directors authorizing execution of the bond.