Oregon Department of Transportation
http://fuelstax.oregon.gov
ODOTFuelsTax@odot.state.or.us

APPLICATION FOR MOTOR VEHICLE FUEL DEALER LICENSE CITY OF COTTAGE GROVE, OREGON ORDINANCE 2883

OREGON DEPARTMENT OF TRANSPORTATION
FUELS TAX GROUP - MS21
355 CAPITOL ST NE
SALEM, OR 97301-3871
(503) 378-8150 or (888) 753-2525
FAX: (503) 378-3060

Part 1. Identifying Information

Complete all applicable fields or indicate N/A - Instructions on page 4

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:

8. Reporting Contact: E-mail:

If the Contact person is not an employee or qualified spouse of the applicant, an executed Power of Attorney is required.

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 Limited Liability Companies ***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)

2. If 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 counties/states in which you do business.

6. Date business started in this city.

7. Has the corporation, LLC, LLP, LP, partnership or proprietorship now or in the past conducted any 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

☐ Yes ☐ No 1. Do you maintain bulk storage facilities in the City of Cottage Grove?

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 on importing fuel products into the City of Cottage Grove?

6. Indicate the type of fuel products imported into the City of Cottage Grove:

☐ 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 jurisdictions from which you import fuel products and your license number in that jurisdiction.

9. Estimate taxable gallons that will be sold or used in the City of Cottage Grove during an average month.

Gasoline ☐ Jet Fuel ☐ Aviation Gasoline ☐ Alcohol/Ethanol/Methane ☐

☐ Yes ☐ No 10. Do you plan to export fuel products out of the City of Cottage Grove?

11. Indicate the type of fuel products exported out of the City of Cottage Grove:

☐ 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 jurisdictions to which you export fuel products and your license number in that jurisdiction.

☐ Yes ☐ No 14. Do you plan to sell fuel to other persons / businesses in the City of Cottage Grove? If so, indicate the monthly volume of motor vehicle fuel expected to be sold for each category

15. 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

16. 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.

17. 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

1 - A LICENSED COTTAGE GROVE 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 COTTAGE GROVE.
2 - 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.
3 - 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 THE CITY OF COTTAGE GROVE, OREGON.
4 - 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.
5 - 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 | DATE SIGNED

OFFICIAL HOLDING PROPER AUTHORITY (Print name and title)

SIGNATURE | 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 COUNTIES/STATES	Other counties/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 ocurred
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.	SALES	Sales to other licensees and non licensees and volumes
15.	OTHER OPERATIONS	Check other types of operations in state
16.	LOCATIONS	List locations of service stations, cardlocks or keylocks
17.	SUPPLIERS	List suppliers