Oregon Department of Transportation

http://fuelstax.oregon.gov
ODOTFuelsTax@odot.state.or.us

City of Tigard, Oregon MOTOR VEHICLE FUEL DEALER CERTIFICATE

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

Applicant: _____
(Legal Entity Name)

Business Type: ☐ Corporation ☐ Limited Liability Company (LLC) ☐ Limited Partnership (LP)
☐ Partnership ☐ Limited Liability Partnership (LLP) ☐ Proprietorship

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

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

State of _____

That the above listed name is the name under which this entity is duly authorized to transact 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 Tigard, 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 Tigard, 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 Tigard, Oregon, in accordance with the provisions of Ordinance 06-21.

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

(Signature of Affiant)

Address _____

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.