



11. List parent company, wholly owned subsidiaries, and/or any affiliates \_\_\_\_\_

12. Give name, title, and address of agent in New Jersey or registered New Jersey agent on whom service may be made. \_\_\_\_\_

13. List all suppliers of petroleum products. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. Is applicant registered with the Division of Taxation for any other New Jersey State taxes?  Yes  No  
If yes, list the taxes \_\_\_\_\_

15. Type of business activity (check one):

- Number 2 heating oil dealer (companies in the business of selling No. 2 heating oil for residential use)
- Propane dealer (companies in the business of selling propane for residential use)
- Blenders (companies in the business of acquiring petroleum products, blending them, and later selling the blended petroleum product)
- Other (please explain)  
\_\_\_\_\_

16. Describe in detail your business operation and reason why you would qualify for a Direct Payment Permit. \_\_\_\_\_

17. If a blender, describe types of petroleum products to be blended and the percentage of the final product which is a petroleum product. \_\_\_\_\_

18. The undersigned applicant states, (under penalty of perjury), that all the information contained in this application is true and accurate in every particular.

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Signature of Owner, Partner or Officer

\_\_\_\_\_  
Title Date

*The information submitted will assist this office in the processing of your permit request.  
The Division of Taxation reserves the right to conduct a thorough investigation prior to issuing this license.*

**FOR DIVISION USE ONLY**

Permit No. \_\_\_\_\_

Investigation initiated \_\_\_\_\_

Effective Date \_\_\_\_\_

Investigation completed \_\_\_\_\_

Approved \_\_\_\_\_

Recommendations: \_\_\_\_\_  
\_\_\_\_\_