



# APPLICATION FOR REGISTRATION FOR MOTOR FUEL TAXES

ANSWER ALL QUESTIONS COMPLETELY. INCOMPLETE AND UNSIGNED APPLICATIONS WILL DELAY PROCESSING.

1. Date Tennessee operations began: \_\_\_\_\_

2. Are you currently registered with the Tennessee Department of Revenue? Yes \_\_\_\_\_ No \_\_\_\_\_  
If YES, under what name(s) and what FEIN(s)/SSN(s) do you operate? \_\_\_\_\_

3. CHECK ALL BOXES THAT APPLY TO YOUR BUSINESS ACTIVITY: (SEE DEFINITIONS)

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> *Blender                | <input type="checkbox"/> Exempt Governmental Agency | <input type="checkbox"/> *Terminal Operator     | <input type="checkbox"/> *Wholesaler         |
| <input type="checkbox"/> *Importer               | <input type="checkbox"/> *Exporter                  | <input type="checkbox"/> *Transporter (Carrier) | <input type="checkbox"/> *Dyed Fuel Retailer |
| <input type="checkbox"/> *Compressed Natural Gas | <input type="checkbox"/> *Liquified Gas             |   |  |
| <input type="checkbox"/> *Supplier               |   |   |  |

TYPE OF BOND:  Surety  Personal Surety  Cash  Certificate of Deposit  None Required

\*Requires Bond (See Bond Form attached)

4. CHECK THE TYPE OF LICENSE(S) FOR WHICH YOU ARE APPLYING: (SEE DEFINITIONS)

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> Blender License                        | <input type="checkbox"/> Exporter License                              | <input type="checkbox"/> Liquified Gas Dealers Permit | <input type="checkbox"/> Supplier License            |
| <input type="checkbox"/> Compressed Natural Gas User's Permit   | <input type="checkbox"/> Governmental Exemption Permit                 | <input type="checkbox"/> Liquified Gas Users Permit   | <input type="checkbox"/> Terminal Operator License   |
| <input type="checkbox"/> Compressed Natural Gas Dealer's Permit | <input type="checkbox"/> Importer License                              | <input type="checkbox"/> Permissive Supplier License  | <input type="checkbox"/> Transporter Carrier License |
| <input type="checkbox"/> Dyed Fuel Retailer                     | <input type="checkbox"/> Bonded<br><input type="checkbox"/> Restricted |   | <input type="checkbox"/> Wholesaler License          |

TERMINAL OPERATORS MUST ATTACH A LIST STATING THE LOCATION OF EVERY TERMINAL.

5. Will you be blending fuels in Tennessee? Yes \_\_\_\_\_ No \_\_\_\_\_ If YES, attach a description of products blended and end products after blending.

6. Are you: Private Carrier \_\_\_\_\_ Common Carrier \_\_\_\_\_ N/A \_\_\_\_\_  
If private carrier, are you for hire? Yes \_\_\_\_\_ No \_\_\_\_\_

7. If you are applying for a supplier's license, are you electing to pre-collect Tennessee tax on sales made from terminals located outside Tennessee: Yes \_\_\_\_\_ No \_\_\_\_\_

8. If you are applying for a wholesaler license, do you wish to defer your tax payment to your supplier? Yes \_\_\_\_\_ No \_\_\_\_\_

9. If you are applying for a supplier's license, are you seeking refiner status? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, do you own a refinery within the United States? Yes \_\_\_\_\_ No \_\_\_\_\_  
Give location \_\_\_\_\_

10. Do you own or operate a refinery in the state of Tennessee? Yes \_\_\_\_\_ No \_\_\_\_\_

11. List the states from which you import motor fuels. (Separate attachment)

12. List the states to which you export motor fuels. (Separate attachment)

13. If you are applying for a Restricted Importer's License, have you entered into a pre-collection agreement with supplier(s)? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, you must attach a copy of your pre-collection agreement. (Separate attachment)

- (A) List all states in which you hold a motor fuel license and the license number in each state. (Separate attachment)
- (B) List the terminal source(s) for product destined for Tennessee. (Separate attachment)
- (C) List the supplier(s) from whom you will acquire product with Tennessee destinations. (Separate attachment)

14. Describe the principal business activity at this location, stating the major products sold or used. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. BUSINESS NAME	16. BUSINESS MAILING ADDRESS
BUSINESS NAME (ATTACH LIST IF NECESSARY FOR ADDITIONAL LOCATIONS)	NAME (ENTER CORPORATION NAME, IF APPLICABLE)
STREET, HIGHWAY (DO NOT USE P.O. BOX NUMBER OR RURAL ROUTE NUMBER)	P.O.C BOX, STREET, ROUTE, OR HIGHWAY
CITY STATE ZIP CODE	CITY STATE ZIP CODE

17. BUSINESS TELEPHONE: ( ) \_\_\_\_\_ FAX NUMBER: ( ) \_\_\_\_\_

18. County location where business is located \_\_\_\_\_

Is this business located inside city limits? Yes \_\_\_\_\_ No \_\_\_\_\_

If YES, Indicate what city \_\_\_\_\_

19. ENTER YOUR FEDERAL EMPLOYER'S IDENTIFICATION #

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APPLIED FOR  
 NOT REQUIRED

20. BUSINESS TYPE

_____ Sole Proprietorship	_____ Limited Liability Company
_____ Corporation (Tennessee)	_____ Corporation (Out-of-State)
_____ General Partnership	_____ Limited Partnership

21. IDENTIFY OWNERS, OFFICERS, AND/OR PARTNERS (ATTACH ADDITIONAL NAMES AND SOCIAL SECURITY NUMBERS ON SEPARATE SHEET).

(1) NAME	HOME TELEPHONE #	SOCIAL SECURITY NUMBER
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HOME ADDRESS (DO NOT USE P.O. BOX #)	CITY	STATE	ZIP CODE
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(2) NAME	HOME TELEPHONE #	SOCIAL SECURITY NUMBER
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HOME ADDRESS (DO NOT USE P.O. BOX #)	CITY	STATE	ZIP CODE
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(3) NAME	HOME TELEPHONE #	SOCIAL SECURITY NUMBER
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HOME ADDRESS (DO NOT USE P.O. BOX #)	CITY	STATE	ZIP CODE
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22. PREVIOUS BUSINESS NAME

PREVIOUS OWNER'S TELEPHONE NO.

STILL IN BUSINESS?

Yes \_\_\_\_\_ No \_\_\_\_\_

PREVIOUS OWNER'S NAME AND ADDRESS

23. Are any principals or corporate officers affiliated with other petroleum companies in Tennessee? Yes \_\_\_\_\_ No \_\_\_\_\_  
Attach a separate sheet listing their names, titles, federal or foreign jurisdiction?

24. Has the applicant, or any of the applicant's agents, officers or employees, been convicted of any crime related to tax matters or for aiding in the evasion of tax in any state, federal or foreign jurisdiction? YES/NO \_\_\_\_\_

25. The statements made on this application are true to the best of my knowledge and belief. **(This application must be signed by the individual owner, a partner, or an officer of the corporation.)**

SIGN

HERE: \_\_\_\_\_  
*Owner, Partner, or Officer (Do not print or use stamp)*

\_\_\_\_\_  
*Title*

\_\_\_\_\_  
*Date*

**FOR DEPARTMENT USE ONLY**

**NEED ASSISTANCE?**

This application can be mailed to the Tennessee Department of Revenue, Andrew Jackson State Office Building 500 Deaderick Street, Nashville, Tennessee 37242. **After completing the registration process, you will receive license and reporting information.** As a public service, the Tennessee Department of Revenue has a toll-free telephone number for Tennessee residents. For assistance, call 1-800-342-1003 toll-free in Tennessee. If you are located in the Nashville area or out-of-state, call (615) 253-0600.