



SECTION 1—GENERAL INFORMATION (Must be completed by *all* applicants.)

1. Check the license type for which this registration application is completed.
 - Gasoline Dealer's License (Complete Sections 2, 3, 4, 5 and 6.)
 - Special Fuels Dealer's License (Complete Sections 2, 3, 4 and 5.)
 - Liquefied Petroleum Gas Dealer's License (Complete Sections 2, 7 and 8.)
 - Motor Fuels Transporter's License (Complete Section 9.)
 - Terminal Owner-Operator (Complete Section 10.)
2. Check the reason for completing this application.
 - New Applicant
 - Information Update
 - Reinstatement of License Number _____
 - Other (specify reason) _____

3. Legal Business Name _____

4. Do you operate this business under any other name? Yes No
If yes, provide other name _____

5. Nature of Business (Provide an accurate description of this business's principal activity(ies) performed or product(s) manufactured.) _____

6. Check the type of current ownership.
 - Individual
 - Partnership (Attach a copy of the partnership agreement.)
 - Corporation Date of Incorporation ____/____ State of Incorporation _____
(If state is other than Kentucky, see Item 15(B) below.)

Provide owner and/or corporate officer details below, or if corporations have joined in a partnership, attach a list of each qualifying corporation and corresponding corporate officer details.

Last Name	First Name	M.I.	Title	Residence Address	Social Security Number
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7. Does the applicant have any interest in any current or former motor fuels license or had any license or permit suspended, cancelled or revoked? Yes No (If yes, attach a complete written explanation.)

8. Mailing Address and Telephone Number

P.O. Box or Number and Street/Highway	City	State	ZIP Code + 4	() - Telephone Number
() -				
Fax Number	Contact E-mail Address			

9. Kentucky Business Location and Telephone Number (If more than one Kentucky location, attach list of all.)

Number and Street/Highway	City	County	State	ZIP Code + 4	() - Telephone Number
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10. Address Where Records are Available for Audit and Telephone Number

Number and Street/Highway	City	State	ZIP Code + 4	() - Telephone Number
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11. Give the date motor fuel activity began or will begin in Kentucky. ____/____/____
Month Day Year

12. Does or will your company have the capability to remit payments by electronic funds transfer? Yes No
- Does or will your company have the capability to submit data via electronic filing programs? Yes No

13. Check and list major federal and state account numbers held by this business.
 - Federal Employer ID Number _____
 - KY Highway User (KYU) Number _____
 - KY Unemployment Insurance Number _____
 - Corporation Income Tax Number _____
 - Sales and Use Tax Number _____
 - Withholding Tax Number _____

14. List previous ownership data.
Name Under Which Business Operated _____
Owner Name and Current Address _____
Telephone Number () - _____ Motor Fuels Tax License Number(s) _____

15. Required Attachments:
 - (A) Applicants for new license and reinstatement must attach either an executed corporate surety bond on Revenue Form 72A301, a line of credit letter, or provide documentation for an account with a financial institution maintaining a compensating balance.
 - (B) Nonresident corporations must attach a certified copy of their Certificate of Authorization to transact business in Kentucky issued by the Kentucky Secretary of State. For information, contact the Secretary of State's office at (502) 564-3490.
 - (C) Attach a certified financial statement.

SECTION 2—IMPORT INFORMATION

- Does or will the applicant regularly import motor fuel into Kentucky? Yes No *(If yes, complete this section.)*
- Which type of fuel is or will be imported? Gasoline Special Fuels Liquefied Petroleum Gas
- How is the fuel transported? Own Equipment *(Attach a list of all truck vehicle identification numbers.)*
 For Hire Carrier *(Attach a list of all transporters' names and addresses and motor fuels transporter license numbers.)*

4. List supplier(s) below and attach a copy of contract(s).

Company Name	Address	City and State Origin

5. List customer(s) below and attach a copy of contract(s).

Company Name	Address	City Destination
		KY
		KY
		KY

SECTION 3—EXPORT INFORMATION

- Does or will applicant regularly export motor fuel from Kentucky? Yes No *(If yes, complete this section.)*
- Which type of fuel is or will be exported? Gasoline Special Fuels
- How is the fuel transported? Own Equipment *(Attach a list of all truck vehicle identification numbers.)*
 For Hire Carrier *(Attach a list of all transporters' names and addresses.)*

4. List supplier(s) below and attach a copy of contract(s).

Company Name	Address	City Origin
		KY
		KY
		KY

5. List customer(s) below and attach a copy of contract(s).

Company Name	Address	City and State Destination

SECTION 4—DISTRIBUTION INFORMATION

- Does or will applicant regularly engage in the distribution of motor fuel from bulk storage facilities primarily to others in arms' length transactions? Yes No *(If yes, complete this section.)*
- Which type of fuel is or will be distributed? Gasoline Special Fuels
- List each storage tank used exclusively for **wholesale** distribution. Gasoline grade includes alcohol, gasoline-alcohol blends, etc. Special fuels type means dyed (nonhighway use) diesel, undyed (highway use) diesel and kerosene. *Attach additional list if necessary. If tanks and real estate are leased by applicant, attach name and address of owner.*

Tank Capacity (in gallons)	Gasoline Grade	Special Fuels Type	Kentucky Location (number, street, highway, city)	Owned by Applicant (Y or N)

4. List each storage tank used exclusively for **retail** distribution. Gasoline grade includes alcohol, gasoline-alcohol blends, etc. Special fuels type means dyed (nonhighway use) diesel, undyed (highway use) diesel and kerosene. *Attach additional list if necessary. If tanks and real estate are leased by applicant, attach name and address of owner.*

Tank Capacity (in gallons)	Gasoline Grade	Special Fuels Type	Kentucky Location (number, street, highway, city)	Owned by Applicant (Y or N)	Operated Under the Name of

SECTION 5—PRODUCTION INFORMATION

Does or will the applicant regularly engage in the business of refining, producing, distilling, manufacturing, blending, or compounding fuel in Kentucky?

Yes (Check block(s) that apply.) Gasoline Special Fuels

Street or Highway and City Location _____ KY

No

SECTION 6—GASOLINE SALES INFORMATION

List gallons of gasoline sold in Kentucky during the past consecutive 12-month period on which your company paid the state gasoline excise tax to your supplier(s).

Month/Year	Gallons Sold	Month/Year	Gallons Sold
1. _____	_____	7. _____	_____
2. _____	_____	8. _____	_____
3. _____	_____	9. _____	_____
4. _____	_____	10. _____	_____
5. _____	_____	11. _____	_____
6. _____	_____	12. _____	_____

SECTION 7—LIQUEFIED PETROLEUM GAS DISTRIBUTION INFORMATION

1. Does or will the applicant distribute liquefied petroleum gas in Kentucky for use in motor vehicles upon the public highways?

Yes No (If yes, complete this section.)

2. How is the fuel transported?

Own Equipment (Attach a list of all truck vehicle identification numbers.)

For Hire Carrier (Attach a list of all transporters' names and addresses.)

3. List supplier(s) below.

Company Name	Address	City Origin of Product
_____	_____	KY
_____	_____	KY
_____	_____	KY

4. List customer(s) below.

Company Name	Address	City and State Destination
_____	_____	_____
_____	_____	_____

SECTION 8—LIQUEFIED PETROLEUM GAS USE INFORMATION

Does or will the applicant operate any motor vehicles which use liquefied petroleum gas for the propulsion of that motor vehicle on the public highways? Yes No (If yes, complete this section. Attach additional list if necessary.)

Vehicle Identification Number	License Plate Number	Year, Make and Model of Vehicle	Kentucky LP Gas Exemption Permit Number
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_____	_____	_____	_____
_____	_____	_____	_____

SECTION 9—TRANSPORT INFORMATION

Does or will the applicant engage in the business of transporting gasoline or special fuels into Kentucky or between points within Kentucky? Yes No (If yes, complete this section. Attach additional list if necessary.)

Vehicle Identification Number	License Plate Number	Year, Make and Model of Vehicle
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_____	_____	_____
_____	_____	_____

► IMPORTANT: APPLICATION MUST BE SIGNED BELOW.

The information contained in this application is hereby certified to be correct to the best knowledge and belief of the undersigned who is authorized to sign this application. Signature of owner or partners is required. If a corporation, an officer must sign.

_____	_____	_____	_____
Signature	Print Name	Title	Date
_____	_____	_____	_____
Signature	Print Name	Title	Date
_____	_____	_____	_____
Signature	Print Name	Title	Date

