72A005 (4-09)
Commonwealth of Kentucky
DEPARTMENT OF REVENUE

APPLICATION FOR APPROVAL TO SELL WATERCRAFT REFUND MOTOR FUELS

Public Boat Dock

Pursuant to Kentucky Revised Statute 138.445, a refund of Kentucky tax may be obtained on gasoline or diesel fuel purchased to be sold for use in operating watercraft. The applicant must, however, operate a public boat dock, approved by the Department of Revenue, to be entitled to a refund.

Name of Business (enter exact business name) _____

Mailing Address _____
P.O. Box or Number and Street | City or Town | State | ZIP Code

Telephone (daytime) (_____) _____ E-mail Address _____

Location of Business _____
Number and Street or Highway | City or Town | County and State | Name of Stream, River or Lake

1. Indicate type of ownership ☐ Individual ☐ Partnership ☐ Corporation ☐ Other (describe) _____
2. Give the name of previous owner(s), if any _____
3. Describe the location of the dispensing units in relation to ramp or docking facilities _____
4. Can automobiles be fueled from these facilities? ☐ Yes ☐ No
5. Do you sell gasoline or diesel fuel at this location for purposes other than use in watercraft? ☐ Yes ☐ No
   If yes, explain _____
6. Are the storage facilities (if above ground) and the dispensing facilities marked "Not For Highway Use," in letters at least two inches in height, and of a color in contrast to that of the storage facility? ☐ Yes ☐ No
7. Give the names and addresses of your primary and secondary suppliers of watercraft refund motor fuels.

_____
Primary Supplier

_____
Secondary Supplier

COMPLETE IF INDIVIDUAL OWNERSHIP

Name of Owner | Social Security No. | Driver's License No.

COMPLETE IF PARTNERSHIP

Name of Owner | Social Security No. | Driver's License No.

Name of Owner | Social Security No. | Driver's License No.

(Attach list if necessary.)

COMPLETE IF CORPORATION

Name of Corporation _____ FEIN _____

Corporate Officers	Social Security No.

CERTIFICATION

The above statements are hereby certified to be correct to the best knowledge and belief of the undersigned who is duly authorized to sign this application.

Signed _____ Title _____ Date _____
(Signature of owner or partner. If a corporation, an officer must sign.)

This application must be prepared in duplicate and both copies sent to the Motor Fuels Tax Compliance Section, Division of Miscellaneous Taxes, Department of Revenue, P.O. Box 1303, Frankfort, Kentucky 40602-1303. One copy will be returned to the applicant. If the location is approved, the applicant's copy must be kept on file as his authority to sell watercraft refund motor fuels. **Separate approval must be obtained for each establishment desiring to sell watercraft refund motor fuels.**

DO NOT COMPLETE—FOR DEPARTMENT USE ONLY

☐ Approved ☐ Disapproved By _____ Title _____ Date _____