TAX REGISTRATION APPLICATION FOR MOTOR FUELS LICENSE

Commonwealth of Kentucky **DEPARTMENT OF REVENUE**

72A300 (4-21)

Print or Type All Answers



SEC	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.)				
2.					
3.	□ Information Update □ Other (specify reason) Legal Business Name				
4.	Do you operate this business under any other name? Yes No				
5.	If yes, provide other name				
6.	 Check the type of current ownership. Individual Corporation LLC Date 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 NameFirst NameM.I.TitleResidence AddressSocial Security Number				
7. 8.	Does the applicant have any interest in any current or former motor fuels license or had any license or permit suspended, cancelled or revoked? \Box Yes \Box No <i>(If yes, attach a complete written explanation.)</i> Mailing Address and Telephone Number				
	P.O. Box or Number and Street/Highway City State ZIP Code + 4 () -				
	Fax Number Contact E-mail Address				
9.	Kentucky Business Location and Telephone Number (If more than one Kentucky location, attach list of all.) ()				
10.	Number and Street/Highway City County State ZIP Code + 4 Telephone Number Address Where Records are Available for Audit and Telephone Number () -				
	Number and Street/Highway City State ZIP Code + 4 Telephone Number				
11.	Give the date motor fuel activity began or will begin in Kentucky.				
10	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				
	If yes, will payment be remitted from a bank located outside the U.S.?				
13.	Check and list major federal and state account numbers held by this business.				
	 Federal Employer ID Number KY Highway User (KYU) Number Sales and Use Tax Number 				
	Image: State Stat				
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 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.				
File	only one application. For assistance, call (502) 564-3853, fax (502) 564-2906. Mail completed application and all attachments to: Motor Fuels				

Tax Section, P.O. Box 1303, Station 63, Frankfort, KY 40602-1303. Overnight delivery 501 High Street, Frankfort, KY 40601-2103.

SEC	SECTION 2—IMPORT INFORMATION					
1. 2. 3.	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 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 cop Company Name			State Origin		
5.	List customer(s) below and attach a co Company Name	by of contract(s). Address	KY KY	City Destination		
			КТКҮ			
SEC	TION 3-EXPORT INFORMATION	i				
1. 2. 3.	Does or will applicant regularly export Which type of fuel is or will be export How is the fuel transported?	ed? □ Gasoline □ Own Equipme	Yes D No (If yes, complete this Special Fuels ent (Attach a list of all truck vehicle id ier (Attach a list of all transporters' no	lentification numbers.)		
4.	List supplier(s) below and attach a cop		er (much a ust of an musporters m	ines and datesses.		
	Company Name	Address	KY	City Origin		
			KI KY			
_			КҮ			
5.	List customer(s) below and attach a co Company Name	by of contract(s). Address	City and S	State Destination		
SEC	TION 4-DISTRIBUTION INFORM	IATION				
1. 2. 3.	transactions?					
	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 fuels type means dyed (nonhighway us tanks and real estate are leased by app	e) diesel, undyed (highway use) die	esel and kerosene. Attach additional l			

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

	INFORMATION	SECTION 5—PRODUCTION INFORMATION				
Kentucky? Yes (Check block(s) that appl.)	ly engage in the business of refining, proc y.) □ Gasoline □ Special Fuels ion					
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			
2.	7.					
3	9.					
4	10.					
6.	11. 12.					
SECTION 7—LIQUEFIED PE	TROLEUM GAS DISTRIBUTION IN					
	stribute liquefied petroleum gas in Kentu complete this section.)	cky for use in motor vehicles	s upon the public highways?			
2. How is the fuel transported?	Own Equipment (At	tach a list of all truck vehicl tach a list of all transporters				
3. List supplier(s) below.						
Company Name	Address	ĸ	City Origin of Product Y			
			Y			
$4 \overline{1}$		K	Y			
4. List customer(s) below. Company Name	Address		City and State Destination			
			·			
SECTION 8—LIQUEFIED PE	TROLEUM GAS USE INFORMATIO	N				
Does or will the applicant operate	any motor vehicles which use liquefied p	petroleum gas for the propuls				
Does or will the applicant operate public highways?	any motor vehicles which use liquefied p No <i>(If yes, complete this section. Atta</i>	betroleum gas for the propuls ch additional list if necessar	y.)			
Does or will the applicant operate	any motor vehicles which use liquefied p No <i>(If yes, complete this section. Atta</i>	petroleum gas for the propuls				
Does or will the applicant operate public highways?	any motor vehicles which use liquefied p No <i>(If yes, complete this section. Atta</i> License Plate Yes	betroleum gas for the propuls ch additional list if necessar ar, Make and Model	y.) Kentucky LP Gas Exemption			
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Does or will the applicant operate public highways? □ Yes □ Vehicle Identification Number SECTION 9—TRANSPORT IN Does or will the applicant engage	any motor vehicles which use liquefied p No <i>(If yes, complete this section. Atta</i> License Plate Yes Number	petroleum gas for the propuls ch additional list if necessar ur, Make and Model of Vehicle r special fuels into Kentucky	y.) Kentucky LP Gas Exemption Permit Number			
Does or will the applicant operate public highways? □ Yes □ Vehicle Identification Number SECTION 9—TRANSPORT IN Does or will the applicant engage	any motor vehicles which use liquefied p No <i>(If yes, complete this section. Atta</i> License Plate Yes Number WFORMATION in the business of transporting gasoline o	petroleum gas for the propuls ch additional list if necessar ar, Make and Model of Vehicle r special fuels into Kentucky itional list if necessary.)	y.) Kentucky LP Gas Exemption Permit Number			
Does or will the applicant operate public highways? □ Yes □ Vehicle Identification Number □ □ SECTION 9—TRANSPORT IN □ □ Does or will the applicant engage Kentucky? □ Yes □ No	any motor vehicles which use liquefied p No <i>(If yes, complete this section. Atta</i> License Plate Yes Number Number NFORMATION in the business of transporting gasoline o <i>(If yes, complete this section. Attach add</i>	petroleum gas for the propuls ch additional list if necessar ar, Make and Model of Vehicle r special fuels into Kentucky itional list if necessary.)	y.) Kentucky LP Gas Exemption Permit Number v or between points within			
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SECTION 10—TERMINAL OWNER-OPERATOR INFORMATION

- 1. Does or will applicant regularly engage in the disbursement of motor fuel from terminal facilities in Kentucky? □ Yes □ No (If yes, complete this section.)
- 2. Which type of fuel is or will be disbursed?
 Gasoline
 Special Fuels
- 3. List each storage tank used exclusively for **terminal disbursement**. 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*.

Total Tank Capacity (in gallons)	Gasoline Tank Capacity (in gallons)	Special Fuels Tank Capacity (in gallons)	Terminal Code Number	City

► 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