

License No. _____

Date License Issued _____

Date Mailed _____

APPLICATION FOR MOTOR VEHICLE FUEL AND SPECIAL FUEL MANUFACTURER LICENSE

1. Business name _____

2. Business mailing address _____
Street Address or Post Office Box City State Zip Code

3. Business location address _____
Street Address City County State Zip Code

4. Federal Employers Identification Number _____ 5. Business Phone number _____
 Fax Number _____

6. Check type of ownership: Individual Partnership Corporation Other _____

7. List owner, partners, corporate officers and all stockholders who own 5% or more of company stock.

Name	Address	Title	Social Security Number	Telephone Number
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

8. List the exact locations of each place of business where applicant produces, refines, prepares, blends, distills, manufacturers, compounds, uses, sells, or delivers motor vehicle fuels and /or special fuel in this state (location must be specific and correct). LIST ONLY PLACES WHICH YOU OWN OR OPERATE AND FOR WHICH YOU ARE RESPONSIBLE. DO NOT LIST YOUR CUSTOMERS. DO NOT LIST POST OFFICE BOX NUMBERS.

Street Address	City	County
1. _____	_____	_____
<small>(List exact location. use street numbers and legal description.)</small>		
2. _____	_____	_____
3. _____	_____	_____

9. Do you transport your own products? Yes No If yes, please show your Liquid Fuel Carriers License # _____
 If no, who transports this product? _____

10. Contact person for tax return inquiries:
 Name: _____ Phone Number: _____
 Fax Number : _____ E-mail address: _____

11. Are the applicant(s) at least 18 years of age? Yes No
12. Are you or any partner, corporate officer or stockholder owning more than 5% of company stock delinquent in payment of any motor fuel taxes, interest or penalty, to a taxing agency in any state or to the federal government? Yes No
13. Have you or any partner, corporate officer or stockholder owning more than 5% of company stock been convicted of a felony involving theft within 5 years immediately preceding the date of making application in this or any other jurisdiction?
 Yes No
14. Have you or any partner, corporate officer or stockholder owning more than 5% of company stock been convicted of a felony involving fraud or tax evasion in this or any other jurisdiction? Yes No
15. Have you or any partner, corporate officer or stockholder owning more than 5% of company stock had a motor fuel license revoked for cause in another state? Yes No
16. Do you or any partner, corporate officer or stockholder owning more than 5% of company stock intend to carry on the business authorized by the license as agent of another? Yes No
17. If you answered yes to any question 12-16, please explain on a separate sheet of paper.

(CONTINUED ON THE REVERSE SIDE)

Applicant hereby gives its irrevocable consent that actions may be commenced against it in the proper court of any county in this state in which a cause of action may arise or in which the plaintiff may reside, by service of process on the Secretary of State. Applicant stipulates and agrees that such service shall be taken and held, in all courts, to be as valid and binding as if due service had been made upon the applicant personally, or upon the president and secretary, if a corporation. (Secretary of State will notify applicant by registered mail of any action started against him.)

State of _____ County of _____, ss:

I, _____, first being fully sworn, state that the above application, and all statements contained therein, are true and correct under the penalty of perjury.

(Signature, of Owner, Partner, Corporate Officer, or Person Authorized by a Power of Attorney) (Title)

Subscribed and sworn to before me, this _____ day of _____, 20_____

My commission expires _____, 20_____

(Notary Public)

INSTRUCTIONS

This application is to be completely and properly executed and must be supported by a Motor Vehicle Fuel and Special Fuel Manufacturer Bond.

1. The Motor Vehicle Fuel and Special Fuel Manufacturer Bond is required for all new applicants, in the amount of \$5,000.00 or 3 months tax liability, which ever is greater.
2. No fee required for this license.
3. You must report any change in ownership including a change in partners, corporate officers or stockholders owning 5% or more of company stock within 30 days of the change.

This completed application or inquiries concerning this application should be directed to:

KANSAS DEPARTMENT OF REVENUE
CUSTOMER RELATIONS / MOTOR FUEL
PO BOX 750680
TOPEKA, KANSAS 66625-0680
www.ksrevenue.org

OR

Phone Number: 785-368-8222
FAX: 785-296-2703

Go to ksrevenue.org to set up an appointment at the Topeka or Overland Park office by using the Appointment Scheduler.