



ALABAMA DEPARTMENT OF REVENUE
SALES, USE & BUSINESS TAX DIVISION
MOTOR FUELS SECTION

P. O. Box 327540 • Montgomery, AL 36132-7540 • (334) 242-9608 • Fax (334) 242-1199

Application For An Alabama Aviation License

(THIS APPLICATION DOES NOT CONSTITUTE A LICENSE.)

Under the provisions of Title 40, Chapter 12, Article 3, Code of Alabama 1975, I hereby make application for a license to engage in the distribution, sale, withdrawal or use of aviation fuels in Alabama, subject to all the laws governing this privilege, and such rules and regulations as may be promulgated by the Alabama Department of Revenue. If granted a license, I shall, for myself or firm, association, co-partnership or corporation I represent, comply with the aviation fuels excise tax laws in every particular.

COMPANY NAME (AS WILL APPEAR ON LICENSE)

STREET ADDRESS CITY COUNTY STATE ZIP CODE

MAILING ADDRESS CITY STATE ZIP CODE

SOCIAL SECURITY NUMBER FEDERAL IDENTIFICATION NUMBER

TELEPHONE NUMBER CONTACT PERSON E-MAIL ADDRESS

Indicate legal structure: Individually Owned Partnership Corporation LLC Other:

State of incorporation/organization:

If LLC, have you elected to be taxed as a corporation under federal income tax laws? Yes No. If yes, please attach a copy of the election form.

List below names, titles, social security numbers and legal addresses of owner, partners or corporate officers, or LLC members. (Attach a listing if necessary.)

ATTACH REMITTANCE HERE

Table with 3 columns: NAME, TITLE, SOCIAL SECURITY NO., ADDRESS. Rows for owner, partners, and corporate officers/LLC members.

COMPLETE THE REVERSE SIDE OF THIS APPLICATION

Failure to answer all questions or provide the requested documents will constitute cause for the rejection of your application by the Alabama Department of Revenue.

A fee of \$5.00 and a certified financial statement must accompany this application.

AFFIDAVIT

State

County I, (NAME OF PERSON MAKING AFFIDAVIT)

the (TITLE) of the (NAME OF BUSINESS)

whose address is, first being duly sworn, depose and say under penalties of perjury that the statement here submitted is full, true and correct to the best of my knowledge and belief.

SIGNATURE OF AFFIANT

Subscribed and sworn to before me this the day of, 20.

My commission expires, 20. SIGNATURE OF NOTARY PUBLIC

FOR OFFICE USE ONLY

The above application is subject to posting of bond in the sum of \$. License will be issued only when bond is posted and approved.

MANAGER, MOTOR FUELS SECTION

DATE

Answer the following questions. If space is insufficient, attach a listing of the information requested.

All attachments are made part of the application.

Failure to provide all information will result in a delay of processing your application.

1. Estimated quantity of aviation fuels to be distributed, sold, used or withdrawn from storage each month.
Aviation Gasoline Gallons _____, Jet & Turbine Fuel Gallons _____

2. List locations and capacities of all *current* storage facilities in Alabama.

3. What is your planned storage capacity during the next 12 months in Alabama? _____ gallons

4. a. In which counties (or cities) in Alabama will your facilities be located? _____

b. Do you own and operate retail outlets? Yes No If yes, what are the locations (street addresses) and tank capacities at each outlet?

5. Are you currently licensed in any other state(s)? Yes No If yes, indicate state(s) and respective license number(s).

6. Is any officer(s), partner(s) or owner(s) of this company an officer, partner or owner of any other organization(s) engaged in a similar business as to selling, hauling, storing or delivering aviation fuels in Alabama?
 Yes No If yes, indicate each entity and person.

7. List three business references with complete names, addresses and phone numbers.

1. _____	2. _____	3. _____
_____	_____	_____
_____	_____	_____
() _____	() _____	() _____

8. Are you registered with the Alabama Secretary of State? Yes No

9. Are you registered with the Alabama Department of Revenue, Franchise Tax Section? Yes No

10. Are you purchasing/merging with any organization(s) or person(s) that is/was licensed with the Alabama Department of Revenue? Yes No If yes, indicate the organization(s) or person(s).

11. Have you filed tax returns and paid all taxes due the State of Alabama, such as income tax, franchise tax, etc.?
 Yes No

12. **Attach** a brief statement concerning the type of operations you will be conducting in this state.