



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 Gasoline 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 gasoline 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 gasoline excise tax laws in every particular.

APPLICANT'S 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

COMPLETE THE REVERSE SIDE OF THIS APPLICATION

Failure to answer all questions or provide the requested documents will constitute cause for 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. Number of trucks or other vehicles to be used in business, which will operate over the public roads of Alabama. \_\_\_\_\_
2. a. Estimated quantity of fuels to be withdrawn from storage, distributed, sold, used or imported each month.  
 Gasoline gallons \_\_\_\_\_, Undyed motor fuel gallons \_\_\_\_\_,  
 Aviation fuels gallons \_\_\_\_\_, Dyed motor fuel gallons \_\_\_\_\_,  
 Lubricating oil gallons \_\_\_\_\_, Gasohol gallons \_\_\_\_\_.
- b. Do you import/export fuel?  Yes  No  
 If yes, please indicate state(s): \_\_\_\_\_
3. What is your planned storage capacity during the next 12 months for all types of motor fuels in Alabama?  
 \_\_\_\_\_ gallons
4. Do you have bulk storage facilities?  Yes  No If yes, you must complete and return form SUBT:INV (enclosed).
5. 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?  
 1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_
6. Do you supply retail outlets not owned and operated by you?  Yes  No If yes, provide the locations (street addresses) and tank capacities of each outlet.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
7. Are you currently licensed in any other state(s)?  Yes  No If yes, indicate state(s) and respective license number(s).  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
8. 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 gasoline in Alabama?  
 Yes  No If yes, indicate each entity and person.  
 \_\_\_\_\_  
 \_\_\_\_\_
9. Are you registered with the Alabama Secretary of State?  Yes  No
10. Are you registered with the Alabama Department of Revenue, Franchise Tax Section?  Yes  No
11. 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).  
 \_\_\_\_\_  
 \_\_\_\_\_
12. Have you filed tax returns and paid all taxes due the State of Alabama, such as income tax, franchise tax, etc.?  
 Yes  No
13. List three business references with complete names, addresses and phone numbers.  
 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_
14. Attach a brief statement concerning the type of operations you will be conducting in this state.