



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 Lubricating Oils Permit

(THIS APPLICATION DOES NOT CONSTITUTE A LICENSE.)

Under the provisions of Title 40, Chapter 17, Article 4, **Code of Alabama 1975**, I hereby make application for a permit to engage in the distribution, sale, withdrawal or use of lubricating oils 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 permit, I shall, for myself, or for any corporation or agency that I represent, comply with the lubricating oils excise tax laws in every particular.

APPLICANT'S NAME (AS WILL APPEAR ON PERMIT)

STREET ADDRESS CITY 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.)

NAME	NAME	NAME
TITLE	TITLE	TITLE
SOCIAL SECURITY NO.	SOCIAL SECURITY NO.	SOCIAL SECURITY NO.
ADDRESS	ADDRESS	ADDRESS

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.

AFFIDAVIT

State _____

County _____, I, _____
(NAME OF PERSON MAKING AFFIDAVIT)

the _____ of the _____
(TITLE) (NAME OF BUSINESS)

whose address is _____, first being duly sworn, depose and say upon oath 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

OFFICE USE ONLY – APPROVAL FOR PERMIT

Permit will be issued upon approval by Manager.

MANAGER, MOTOR FUELS SECTION

Forms Needed

LO

WOL

LOX

EFFECTIVE DATE

**Answer the following questions. If space is insufficient, attach a listing of the information requested.
All attachments are made part of the application.**

1. Estimated quantity of lubricating oils to be distributed, sold, used or withdrawn from storage each month.
_____ gallons

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

3. Do you package products for future distribution?

Yes No

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

5. Will you sell lubricating oils to other wholesale distributors in Alabama?

Yes No

6. Will all sales in Alabama be to the ultimate consumer?

Yes No

7. Are you the initial wholesaler in Alabama?

Yes No

8. List three business references with complete names, addresses and telephone numbers.

1. _____	2. _____	3. _____
_____	_____	_____
_____	_____	_____
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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 permitted with the Alabama Department of Revenue?

Yes No If yes, indicate the organization(s) or person(s).

***NOTE:** There is a 15¢ inspection fee on lubricating oils that is assessed by the Department of Agriculture & Industries.
For more information contact:

Alabama Department of Agriculture & Industries
Petroleum Commodities Division
P. O. Box 3336
Montgomery, AL 36109-0336
(334) 240-7127