



ALABAMA DEPARTMENT OF REVENUE

SUBT: LOAP

8/11

BUSINESS & LICENSE TAX DIVISION

MOTOR FUELS SECTION

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

www.revenue.alabama.gov

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.)

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 the rejection of your application by the Alabama Department of Revenue.

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 upon oath that the statement here submitted is full, true and correct to the best of my knowledge and belief.

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

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 import products?

Yes  No

4. Do you export products?

Yes  No

5. Do you package products for future distribution?

Yes  No

6. Will you sell lubricating oils to entities who resell the products in Alabama?

Yes  No

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

Yes  No

8. Are you the initial wholesaler in Alabama and will sell to entities who resell the products in Alabama?

Yes  No If yes, you will be set up to file the annual statement of gross sales tax return.

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

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

10. Are you registered with the Alabama Secretary of State?

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