



ALABAMA DEPARTMENT OF REVENUE

SUBT: MFLA

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 Alabama Motor Fuels License

DISTRIBUTOR – SUPPLIER

(THIS APPLICATION DOES NOT CONSTITUTE A LICENSE.)

The below hereby applies for a license as a distributor or supplier of MOTOR FUELS (other than gasoline) under and pursuant to the provisions of Title 40, Chapter 17, Article 1 and Title 40, Chapter 12, Article 3, Code of Alabama 1975. It is agreed that all laws, rules, and regulations which pertain to the storage or distribution of MOTOR FUELS (other than gasoline) will be complied with in full.

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)

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.

ATTACH REMITTANCE HERE

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. a. Estimated quantity of fuel to be withdrawn from storage, distributed, sold, used or imported each month.
Undyed motor fuel gallons _____, Dyed motor fuel gallons _____,
Biodiesel gallons _____.
- b. Will you be importing/exporting fuel? Yes No
If yes, please indicate state(s): _____
2. What is your planned storage capacity during the next 12 months for all types of motor fuel in Alabama?
_____ gallons
3. Do you have bulk storage facilities?
 Yes No If yes, you must complete and return form SUBT:INV (enclosed).
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?
1. _____
2. _____
3. _____
5. 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.

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

7. 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 motor fuel in Alabama?
 Yes No If yes, indicate each entity and person.

8. Are you registered with the Alabama Secretary of State?
 Yes No
9. 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).

10. Have you filed tax returns and paid all taxes due the State of Alabama?
 Yes No
11. List three business references with complete names, addresses and phone numbers.
1. _____ 2. _____ 3. _____

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