

# Application For Wholesale Purchaser/Consumer Motor Fuel Inspection & Testing

Authority: Business Regulation Article, Title 10, Subtitle 3, Annotated Code of Maryland

1.

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Applicant's legal name

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Trade name

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Business address

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City State 9-digit ZIP code County

Business telephone number (     )

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2.

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Social Security Number                      Federal Identification Number

3.

Type of ownership:

<input type="checkbox"/> Sole proprietorship	<input type="checkbox"/> Non-MD corporation closed
<input type="checkbox"/> Partnership	<input type="checkbox"/> Unincorporated association
<input type="checkbox"/> Non-profit corporation	<input type="checkbox"/> Governmental
<input type="checkbox"/> Maryland corporation regular	<input type="checkbox"/> Fiduciary
<input type="checkbox"/> Maryland corporation closed	<input type="checkbox"/> Cooperative
<input type="checkbox"/> Non-MD corporation regular	<input type="checkbox"/> Limited liability co. (LLC)

4.

 Sole proprietors indicate home address and telephone number if different than Item 

1.

 If applicant is a corporation, partnership or limited liability company, information requested below must be provided for all officers, partners, or members, and resident general agent and attorney-in-fact.

Name	Social Security Number	Home address	Home Telephone Number

5.

Type of business \_\_\_\_\_

6.

Do you sell any motor fuel?  Yes  No If yes, indicate.

<input type="checkbox"/> Gasoline	<input type="checkbox"/> Fuel oil	<input type="checkbox"/> Turbine
<input type="checkbox"/> Diesel	<input type="checkbox"/> Propane	<input type="checkbox"/> Natural gas
<input type="checkbox"/> Kerosene		

7. Show physical location of Maryland storage. Do not include any tanks connected solely and independently to your buildings' heating systems.

\_\_\_\_\_  Applicant owns this storage  
 Physical address

\_\_\_\_\_  Applicant leases this storage  
 City 9-digit ZIP code County

8. Check Stored product	Supplier name and address	Tank Capacity	Indicate	
			Above Ground	In Ground
<input type="checkbox"/> Gasoline	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Dyed diesel	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Undyed diesel	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Kerosene	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Propane	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Fuel oil	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

If the applicant maintains storage at more than one site, please attach a separate sheet of paper providing the same information as requested in questions 7. and 8.

9. Title 10, Motor Fuel & Lubricants Business Regulation Article, §1-205 requires an employer to provide the following information before a license can be issued:

- Applicant is not an employer required to provide coverage by the Maryland Workers' Compensation Law; or
- Applicant is an employer required to provide coverage by the Maryland Workers' Compensation Law

Name of insurance company \_\_\_\_\_

Policy or binder number \_\_\_\_\_

10. I certify under the penalty provided by law, that the statements made and information furnished in this application are true, correct, and complete to the best of my knowledge and belief.

\_\_\_\_\_ Authorized signature and title

\_\_\_\_\_ Date

\_\_\_\_\_ Printed or typed name

Incomplete forms will not be accepted