



210460049

Authority: Business Regulation Article, Title 9, Subtitle 3, Annotated Code of Maryland

Indicate Type of Motor Fuel License

- Dealer
 Distributor
 Special Fuel Seller
 Special Fuel User
 Turbine Fuel Seller

In accordance with Tax General Article, Title 9, Subtitle 3, Annotated Code of Maryland, application is hereby made. (Please type or print.)

1. Applicant's Legal Name		Trade Name		
Street Address		Business Telephone Number	Contact Email Address	
City	State	ZIP Code	County	
Federal Identification Number (FEIN)	MD Drivers License or Soundex Number		Social Security Number (SSN)	

2. 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 | <input type="checkbox"/> Fiduciary (Estate or Trust) | <input type="checkbox"/> Maryland Corporation Closed |
| <input type="checkbox"/> Regular Cooperative | <input type="checkbox"/> Non-MD Corporation Regular | <input type="checkbox"/> Limited Liability Co. LLC |

3. Have you qualified with the Department of Assessments and Taxation to do business in Maryland? Yes No

4. If applicant is a corporation, partnership, or limited liability company provide names and titles for all officers, partners, or members and resident general agent and attorney-in-fact. Sole proprietors indicate home address and telephone number if different than item 1.

Name	Social Security Number	Home Address	Personal Telephone Number

5. Out-of-state applicant and LLC's must complete this item:

Resident Agent's Name _____
 Maryland Address _____
 Resident Agent's Telephone Number _____
 SSN or FEIN _____ Email Address _____

**COMPTROLLER OF MARYLAND
FIELD ENFORCEMENT BUREAU
MOTOR FUEL LICENSING AND REGISTRRTION SECTION
P.O. BOX 2397, ANNAPOLIS, MD 21404-2397**

**Main: 410-260-7215
Toll-Free: 888-784-0142
Fax: 410-974-3129
mft@marylandtaxes.gov**



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6. Will this application for a license lead to the cancellation of any existing accounts/licenses established with the Regulatory and Licensing Section? Yes No

If yes, indicate the following accounts that should be canceled:

- Dealer _____
- Distributor _____
- Special Fuel Seller _____
- Special Fuel User _____
- Turbine Fuel Seller _____

7. Does this application involve a change in the company's legal name or FEIN? Yes No

If yes, list the previous name and number.

Company Name _____

SSN or FEIN _____

8. Does this application involve the takeover and continuation of another business? Yes No

If yes, list name and FEIN number of that business.

Business Name _____

FEIN _____

9. Do you own or control storage in Maryland for motor fuel and/or aviation fuel? Yes No

If yes, list the storage capacity for each fuel stored in Maryland. Exclude commingled inventory and retail service stations. Attach list if necessary.

Location _____

Product	Capacity
_____	_____
_____	_____
_____	_____
_____	_____

10. Do you have commingled storage in Maryland? Yes No

If yes, attach a copy of the Terminal Agreement(s) (Form RLS-305) and complete the following:

Name of Commingled Partners	Type of Fuels	Location

11. Indicate the number of retail service stations you operate in Maryland. _____

12. Indicate the number of retail service stations you supply in Maryland. _____



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13. List the number and type of on-road vehicles and type of fuel used:

Vehicle	Number Using Gasoline	Number Using Diesel	Number Using Other Fuel
Road Tractors			
3-Axle Trucks			
2-Axle Trucks			
Other			

14. List below all of your off-road equipment using special fuel. Attach list if more space is needed:

15. Estimate total volume of fuel in gallons transacted in for a full calendar year for the product types listed below:

Product	Gallons Imported Into MD	Gallons Exported Out of MD	Gallons Purchased and Delivered in MD
Gasoline			
Diesel (On Road)			
Diesel (Off Road)			
Kerosene			
Propane			
Natural Gas			
Av-Gas			
Jet/Turbine Fuel			
Fuel Oil			
Ethanol			
Other			

16. Do you sell fuels to the U.S. Government? Yes No

If yes, attach a copy of government contract(s).

List Name of Government Agency

Type of Fuel Sold

17. Check the methods by which you receive/ship motor fuel products:

- Barge Receive Ship
- Ship Receive Ship
- Pipeline Receive Ship
- Railcar Receive Ship
- Tankwagon/Tank Trailer Receive Ship

List other methods:

- _____ Receive Ship
- _____ Receive Ship
- _____ Receive Ship



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18. List quantity of all owned/operated petroleum transporter conveyances:

Type	Number	Capacity
Barge	_____	_____
Ship	_____	_____
Railcars	_____	_____
Tankwagon/Tank Trailer	_____	_____
List other methods:	_____	_____

19. List other states where a valid motor fuel license is held:

State	State
_____	_____
_____	_____
_____	_____

20. Are you a refiner of motor fuel? Yes No

21. Are you a refiner of aviation fuel? Yes No

22. Check if adjusted by temperature factors:

- Receipts Yes No
- Disbursements Yes No
- Inventories Yes No

23. Are the original source documents and records used in preparation of reports maintained at the same location identified in Question 1? Yes No (If no, where?)

24. Application prepared by:

Print Name

Print Title

Telephone Number

Email Address

25. Who is the person to contact for audit purposes?

Name

Telephone Number

Email Address

26. 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 Person's Print Name

Authorized Person's Print Title

Authorized Signature

Date

