



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

