

**APPLICATION FOR
WHOLESALE PURCHASER/
CONSUMER MOTOR FUEL
INSPECTION & TESTING**



211050049

**COMPTROLLER OF MARYLAND
FIELD ENFORCEMENT BUREAU
MOTOR FUEL LICENSING AND REGISTRRTION SECTION
P.O. BOX 2397, ANNAPOLIS, MD 21404-2397
410-260-7215 or 800-784-0142**

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

1. _____
Applicant's legal name

Trade name

Business address

City State 9-digit ZIP code County Business telephone

2. [][][]-[][][]-[][][][][][][][][] [][][]-[][][]-[][][][][][][][][]

Social Security Number Federal Identification Number

3. Type of ownership:

Sole proprietorship Maryland corporation closed Governmental

Partnership Non-MD corporation regular Fiduciary

Non-profit corporation Non-MD corporation closed Cooperative

Maryland corporation regular Unincorporated association 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	Personal Telephone Number

5. Type of business _____

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

Gasoline Fuel oil Turbine

Diesel Propane Natural gas

Kerosene

Complete important supplier/storage information on reverse side

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

Physical address _____

City _____

9-digit ZIP code _____

County _____

Applicant owns this storage

Applicant leases this storage

Indicate

8. Check Stored product	Supplier's name and address	Tank Capacity	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"/>
<input type="checkbox"/> Other	_____	_____	<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 Person's Signature and Title

Date

Authorized Person's Printed Name

Incomplete forms will not be accepted