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



COMPTROLLER OF MARYLAND FIELD ENFORCEMENT BUREAU MOTOR FUEL LICENSING AND REGISTRTION 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 9-digit ZIP code State Business telephone County 2. Social Security Number Federal Identification Number 3. Type of ownership: Governmental Sole proprietorship Maryland corporation closed Non-MD corporation regular **Fiduciary** Partnership Non-profit corporation Non-MD corporation closed Cooperative Maryland corporation regular Unincorporated association Limited liability co. (LLC) Sole proprietors indicate home address and telephone number if different than Item |1.|. If applicant is a 4. 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. Social Security Personal Name Home Address Number Telephone Number Type of business 6. Do you sell any motor fuel? Yes If yes, indicate type: Fuel oil Turbine Gasoline Diesel **Propane** Natural gas Kerosene

Complete important supplier/storage information on reverse side

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buildings' heating systems.

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Show physical location of Maryland storage. Do not include any tanks connected solely and independently to your

City	9-digit ZIP code County			
Applicant ow	ns this storage			
Applicant lea	ses this storage		<u>Indi</u>	cate
Check Stored product	Supplier's name and address	Tank Capacity	Above Ground	In Grou
Gasoline				
Dyed diesel				
Undyed diesel				
Kerosene				
Propane			_	
Fuel oil				
Other				
	naintains storage at more than one site, please attach a separate as requested in questions $\boxed{7.}$ and $\boxed{8.}$	sheet of pape	er providir	ng the
	nel & Lubricants Business Regulation Article, §1-205 requires an tion before a license can be issued:	employer to p	rovide the	2
	ot an employer required to provide coverage by the Maryland Wo	-		aw; or
	n employer required to provide coverage by the Maryland Worke	·	ion Law	
	ance company			
Policy or binde	er number			
	he penalty provided by law, that the statements made and information crue, correct, and complete to the best of my knowledge and beli		ed in this	
Authorized	d Person's Signature and Title Date			
Authorized	l Person's Printed Name			



