

FOR DEPARTMENT USE ONLY

LICENSE NUMBER: \_\_\_\_\_

STATE OF DELAWARE  
 DEPARTMENT OF TRANSPORTATION  
 MOTOR FUEL TAX ADMINISTRATION  
 P. O. DRAWER E  
 DOVER, DE 19903-1565

FOR DEPARTMENT USE ONLY

FEE \$10.00

YEAR ENDING: JUNE 30, \_\_\_\_\_

**APPLICATION FOR MOTOR FUEL DISTRIBUTOR LICENSE**

Please check the appropriate box:  New application  Renewal application

**PLEASE NOTE: ALL QUESTIONS MUST BE ANSWERED AND NECESSARY ADDITIONAL DOCUMENTATION ATTACHED TO PROCESS THIS LICENSE APPLICATION. PLEASE PRINT ALL ANSWERS CLEARLY.**

1. Legal name of applicant: \_\_\_\_\_

2. Trade name, if different from legal name: \_\_\_\_\_

3. Primary physical business location address (Not P.O. Box):

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

4. Mailing address (if different from business location):

Street or P. O. Box: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

5. Location of records (if different from business location):

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

6. Federal employer identification number or individual proprietor's SSN: \_\_\_\_\_

7. Telephone number: -- Fax number: --

8. If we have questions regarding this application, who should we contact?

Name: \_\_\_\_\_ Telephone number: --

9. Business type: (check one) Individual  Corporation  General Partnership  Limited Partnership   
 Limited Liability Company  S Corporation

10. If the applicant business is incorporated under the laws of another state, please attach a certified copy of the certificate issued by the Delaware Secretary of State showing that the corporation is authorized to transact business in Delaware.

11. If individual, give proprietor name, address, & SSN. If partnership, give name, address, & SSN of each partner. If corporation, give names, titles, addresses, & SSN's of corporate officers (President, Vice President, Secretary, Treasurer)

<u>Name/Title</u>	<u>Address</u>	<u>Social Security #</u>
_____	_____	<input type="text"/> - <input type="text"/> - <input type="text"/>
_____	_____	<input type="text"/> - <input type="text"/> - <input type="text"/>
_____	_____	<input type="text"/> - <input type="text"/> - <input type="text"/>
_____	_____	<input type="text"/> - <input type="text"/> - <input type="text"/>

12. Has the applicant ever applied for a Delaware Distributor license in the past?  
 Yes  No  If yes, please specify which calendar year: \_\_\_\_\_

13. Has the applicant's individual partners or corporate officers ever applied for a Delaware Distributor license in the past?  
 Yes  No  N/A  If yes, under what name: \_\_\_\_\_  
 Please specify which calendar year: \_\_\_\_\_

14. Does the applicant operate only in Delaware? Date business started in Delaware:  
 Yes  No  \_\_\_\_\_  
 MONTH DAY YEAR

15. List below each location that is owned and/or leased by the applicant within Delaware, and identify status ("O" for Owned, "L" for Leased). Please classify each location as Manufacturer/Refinery, Wholesale Distribution Plant, or Retail Facility. Use the letter "M" for Manufacturer/Refinery, "W" for Wholesale Distribution Plant, and "R" for Retail. Please note that more than one letter may be used for each location. In addition, please classify the shipment method of each location as: Own Vehicle, Pipeline, Barge, Vessel, Or Common Carrier (for retail-only locations, indicate "N/A" for Distribution).

<u>OWNERSHIP STATUS</u>	<u>LOCATION LETTER</u>	<u>PHYSICAL LOCATION OF PROPERTY (STREET, CITY)</u>	<u>INDICATE SHIPMENT METHOD :</u>		<u>GASOLINE STORAGE CAPACITY</u>
			<u>RECEIPTS</u>	<u>DISTRIBUTION</u>	
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

16. What type of fuel business does the applicant operate in Delaware? Check all that apply:

	<u>GASOLINE</u>	<u>AVIATION GASOLINE</u>
Refinery/Manufacturing	<input type="checkbox"/>	<input type="checkbox"/>
Terminal rack sales	<input type="checkbox"/>	<input type="checkbox"/>
Tank wagon sales to residential & commercial accts.	<input type="checkbox"/>	<input type="checkbox"/>
Transport sales to residential & commercial accts.	<input type="checkbox"/>	<input type="checkbox"/>
Company owned retail service stations	<input type="checkbox"/>	<input type="checkbox"/>
Sales to commissioned/consignment retail stations	<input type="checkbox"/>	<input type="checkbox"/>
Exchange agreement transactions	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>

17. Will the applicant be importing gasoline and/or aviation gasoline into Delaware? Yes  No

If yes, will the applicant be hiring a common carrier to import the product? Yes  No

If yes, please list the name, federal identification number, and telephone number of the common carrier:

<u>Carrier Name</u>	<u>FEI Number</u>	<u>Telephone Number</u>
_____		□□□-□□□-□□□□
_____		□□□-□□□-□□□□
_____		□□□-□□□-□□□□

18. List the states from which the applicant will import gasoline and/or aviation gasoline into Delaware, & the applicant's license number in that state:

<u>State Name</u>	<u>License Number</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

19. List the states to which the applicant will export gasoline and/or aviation gasoline from Delaware supply points, & the applicant's license number in that state:

<u>State Name</u>	<u>License Number</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

20. Provide the following information about suppliers & exchange partners, which only affect Delaware, from whom the applicant purchases gasoline and/or aviation gasoline. Attach another page if more space is required:

<u>Company Name</u>	<u>Shipping Point</u>	<u>Shipping Dest.</u>	<u>Type of Relationship</u>	
			<u>Supplier</u>	<u>Exchange Partner</u>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

21. Indicate the number of retail service stations operated by the applicant in Delaware \_\_\_\_\_

22. Estimate the number of retail service stations the applicant supplies in Delaware \_\_\_\_\_

23. Does the applicant transport gasoline and/or aviation gasoline for hire in Delaware? Yes  No

24. Does the applicant have off highway gasoline powered equipment which is fueled in DE? Yes  No

If yes, please estimate how many: \_\_\_\_\_

25. Estimate the number of gallons of gasoline and/or aviation gasoline that will be sold or used by the applicant during an **average month**: \_\_\_\_\_

