



STATE OF VERMONT
 AGENCY OF TRANSPORTATION
 DEPARTMENT OF MOTOR VEHICLES
 120 State Street, Montpelier, VT 05603-0001



APPLICATION FOR MOTOR FUEL DISTRIBUTION LICENSE

Application is hereby made for registration as a distributor of motor fuel in the State of Vermont in accordance with the provisions of Chapter 28 of Title 23 Vermont Statutes Annotated.

1. Name of Applicant: _____
 (Name in which license is to be issued)

2. Mailing Address: St. or P.O. Box _____
 City _____ State _____ Zip _____

3. (a) Location(s) of Business: (Use additional paper to list multiple locations) Street _____
 City _____ State _____ Zip _____

(b) Name, Title & Telephone Number of person who will be Responsible for Preparing Motor Fuel Distributor's Tax Report:
 Name _____
 Title _____
 Telephone _____

4. Type of Legal Organization: Individual Partnership Corporation
If individual, list owner; if partnership, list all partners; if corporation, list principal officers:
 Name _____ Title _____ Social Security No. _____ Address/Residence _____

(Use additional paper if needed)

5. (a) If you acquired the business from a previous owner, complete the following:
 Name of Previous owner _____
 Present Address _____
 Business Name _____ Date of Acquisition _____

(b) If not acquired from previous owner, enter date business started in Vermont

6. (a) If domestic corporation, have Articles of Association been obtained from the Vermont Secretary of State?
 Yes No

(b) If foreign corporation, has certificate of authority been obtain from the Vermont Secretary of State?
 Yes No

NOTE: A foreign corporation making deliveries into Vermont must register with the Vermont Secretary of State.

7. Business Activity:

(a) Supplier from whom fuel received	Fuel shipped or picked up from	How fuel will be transported/by whom
_____	_____	_____
_____	_____	_____
_____	_____	_____

7. Business Activity (continued):

(b) Products Handled	Storage Capacity	Location of Storage Facility	No. of Trucks	Capacity of Trucks
<input type="checkbox"/> Gasoline	_____	_____	_____	_____
<input type="checkbox"/> Gasohol	_____	_____	_____	_____
<input type="checkbox"/> Aviation Gasoline	_____	_____	_____	_____
<input type="checkbox"/> Jet Fuel	_____	_____	_____	_____
<input type="checkbox"/> Other	_____	_____	_____	_____

8. Check which method of reporting you elect to use:

- Actual Sales (if you elect to pay on a sales basis, you must have storage facilities in Vermont and you must agree to maintain an accurate record of all sales and to take and record an accurate inventory of all motor fuels on hand at the close of the business day on the last day of each month).
- Actual Importations (less 1% for shrinkage, loss by evaporation, or otherwise)

9. ACH Payments will be accepted if your motor fuel tax liability exceeds \$50,000.00 a month. Please contact this Department for further information and the necessary paperwork.

10. In accordance with 32 V.S.A. Section 3113, are you in good standing with regard to or in full compliance with a plan approved by the Commissioner of Taxes to pay any and all taxes due the State of Vermont as of the date of this application? Yes No

If not, you must do one of the following before a new license or renewal of license will be issued:

- a. Arrange with the Vermont Department of Taxes to bring yourself into good standing with the Commissioner of Taxes by contacting the Director of Operations, Vermont Department of Taxes, Montpelier, VT 05602, telephone (802) 828-2581.
- b. Seek a determination through a hearing process that immediate payment of taxes due and payable would impose an unreasonable hardship upon you. You may request a hearing by contacting AOT Policy and Hearings, National Life Bldg., Drawer 33, Montpelier, VT 05603.

11. In accordance with 15 V.S.A. Section 795, are you in good standing with respect to or in full compliance with a plan to pay any and all child support payable under a support order as of the date this application is signed? Yes No
 A license will not be issued or renewed without full compliance with the above. Please direct any questions to the Vermont Office of Child Support at (802) 828-2910.

DISTRIBUTORS ARE REQUIRED TO SUBMIT A BOND TO THIS OFFICE BEFORE SUCH A LICENSE WILL BE ISSUED. FORMS AND REQUIRED AMOUNT OF BOND TO BE SUBMITTED WILL BE SUPPLIED BY THIS OFFICE. SUCH BOND SHOULD COVER THE PERIOD WHEN BUSINESS STARTED IN VERMONT UNTIL DECEMBER 31ST OF THAT YEAR OR AN ENTIRE CALENDAR YEAR AND IT MUST BE RENEWED ANNUALLY AS PROVIDED BY 23 V.S.A. 3102. IN LIEU OF A BOND, A LETTER OF CREDIT OR A CERTIFICATE OF DEPOSIT IS ACCEPTABLE AS SURETY WHEN APPROVED BY THE COMMISSIONER. UNDER PENALTIES OF PERJURY, THE UNDERSIGNED HEREBY CERTIFIES THAT THE INFORMATION GIVEN ON THIS FORM IS TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS OR HER KNOWLEDGE AND BELIEF.

If the applicant is an individual or partnership, then the owner or partners must sign. If the applicant is a corporation, the corporate officer who is responsible for the collection and payment of taxes must sign. If a person other than the ones whose signature appears below becomes responsible for this reporting, the Department of Motor Vehicles must be notified at once.

I certify that the statements herein are true. This declaration made under the penalties of 23 V.S.A. Section 202.

 (Date)

 Printed Signature (Include Title if Company)

 Social Security or License #
 (Federal ID# if Company)

 Company Name

 (Written) Signature