

Fee Enclosed _____

**KANSAS DEPARTMENT OF REVENUE
CUSTOMER RELATIONS
TOPEKA, KANSAS 66625-8000
www.ksrevenue.org
Phone Number: (785) 368-8222
Fax (785) 296-4993**

FOR OFFICE USE—LEAVE BLANK

MAKE REMITTANCE PAYABLE TO

"DIRECTOR OF TAXATION—MFT"

Validation No. _____

License No. _____

Date License Issued _____

Date Mailed _____

APPLICATION FOR LP-GAS USER - DEALER LICENSE

1. Business name _____

2. Business mailing address _____
Street Address or Post Office Box City State Zip Code

3. Business location address _____
Street Address City County State Zip Code

4. Federal Employers Identification Number _____ 5. Business Phone Number (____) _____
FAX Number (____) _____

6. Check type of ownership: Individual Partnership Corporation Other _____

7. List owner, partners, corporate officers and all stockholders who own 5% or more of company stock.

Name	Address	Title	Social Security Number	Telephone Number

8. List the exact location of each place in Kansas where applicant intends to operate as an LP-Gas User or Dealer, placing LP-Gas in fuel tanks of motor vehicles.

Street Address	City	County	For Office Use Only Location No.
1. _____			
2. _____			
3. _____			
4. _____			

9. Is a Dealer or User license in effect for another at the above location? Yes No

10. If a successor to a former Dealer or User, give trade name of such User/Dealer _____

11. Indicate whether location is owned or leased by the applicant _____

12. List name and telephone number of a contact person for tax return inquiries _____

Applicant agrees to comply with the provisions and requirements of the LP-Gas tax law and the rules and regulations promulgated by the Director of Taxation.

State of _____ County of _____, ss: _____

I, _____, first being fully sworn, state that the above application and all statements contained therein, are true and correct.

(Signature of Owner, Partner, Corporate Officer, or Person Authorized by a Power of Attorney)

(Title)

Subscribed and sworn to before me, this _____ day of _____, 20____.

My commission expires _____, 20____

Notary Public

INSTRUCTIONS

This application is to be completely and properly executed and must be supported by a LP-Gas User or Dealer Bond as well as necessary Financial Statements (if requested).

1. Only the owner; one of the partners listed on the application; one of the executive officers listed, if applicant is a corporation; or a person who has been duly authorized as attorney-in-fact by proper Power of Attorney, which has been filed in this office, may sign the application. If applicant desires to authorize others to sign application, forms for that purpose will be mailed upon request.
2. LP-Gas User-Dealer Bond is required for all new applicants, in the amount of \$1,000 and must be executed by a corporate surety authorized to transact business in Kansas. The bond may be signed for by the principal owner; a partner; or if a corporation, by the president, attested by a second corporate officer.
3. There is no fee for registering additional locations. Licenses will be furnished for each location from which LP-Gas is dispensed into motor vehicles. Please list locations in the spaces provided on the reverse side of this form. If available spaces are not adequate, provide the required information on a supplemental sheet. Contact the office listed below if additional locations are added at a later date.
4. **There is a \$5.00 fee which must accompany this license application.**

This completed application or inquiries concerning this application should be directed to:

CUSTOMER RELATIONS
MOTOR FUEL TAX
KANSAS DEPARTMENT OF REVENUE
915 SW HARRISON ST
TOPEKA, KANSAS 66625-8000
www.ksrevenue.org

OR

PHONE: (785) 368-8222
FAX: (785) 296-4993