

**KANSAS DEPARTMENT OF REVENUE  
CUSTOMER RELATIONS  
915 SW HARRISON ST.  
TOPEKA, KANSAS 66625-0001  
Phone: (785) 368-8222  
Fax: (785) 296-4993**

FOR OFFICE USE—LEAVE BLANK

License No. \_\_\_\_\_

Date License Issued \_\_\_\_\_

Date Mailed \_\_\_\_\_

**APPLICATION FOR MOTOR FUEL RETAILERS 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 (\_\_\_\_) \_\_\_\_\_
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 storage capacity and fuel type.


9. List number of gasoline/gasohol pumps \_\_\_\_\_ List number of clear diesel pumps \_\_\_\_\_  
 List number of dyed diesel pumps \_\_\_\_\_
10. List your Motor Vehicle and Special Fuel Distributors' License Number (if applicable) \_\_\_\_\_
11. Will you be selling fuel to the end user that will be applying for a refund of the motor fuel tax?  Yes  No  
 If yes, please enclose a copy of your company's complete invoice (original and all copies). See instructions on the reverse side of this form.
12. Are the applicant(s) at least 18 years of age?  Yes  No
13. Do you or any partner, corporate officer or stockholder owning more than 5% of company stock owe any motor fuel taxes, interest or penalty to a taxing agency in any state or the federal government?  Yes  No
14. Have you or any partner, corporate officer or stockholder owning more than 5% of company stock been convicted of a felony involving theft within 5 years immediately preceding the date of making application in this or any other jurisdiction?  Yes  No
15. Have you or any partner, corporate officer or stockholder owning more than 5% of company stock been convicted of a felony involving fraud or tax evasion in this or any other jurisdiction?  Yes  No
16. Have you or any partner, corporate officer or stockholder owning more than 5% of company stock had a motor fuel license revoked for cause in another state?  Yes  No
17. Do you or any partner, corporate officer or stockholder owning more than 5% of company stock intend to carry on the business authorized by the license as agent of another?  Yes  No
18. If you answered yes to any question 13-17, please explain on a separate sheet of paper.

State of \_\_\_\_\_ County of \_\_\_\_\_, ss:  
 I, \_\_\_\_\_, first being fully sworn, state that the above application, and all statements contained therein, are true and correct, under penalty of perjury.

\_\_\_\_\_  
(Signature of Owner, Partner, Corporate Officer, or Person Authorized by Attached Power of Attorney) (Title)  
 Subscribed and sworn to before me, this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_  
 My commission expires \_\_\_\_\_ 20 \_\_\_\_\_  
 \_\_\_\_\_  
(Notary Public)

## INSTRUCTIONS

1. No fee required for this license.
2. You must file a separate application for each retail location.
3. Licensed distributors or retailers providing original invoices to end users to use in applying for a refund of the state motor fuel tax must use invoices previously approved by the state or use state issued invoices. Attaching a copy of your invoice to this application will ensure approval of your invoice or issuance of state invoices for your use.
4. You must report any change in ownership including a change in partners, corporate officers or stockholders owning 5% or more of company stock within 30 days of the change.

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

Kansas Department of Revenue  
Customer Relations  
915 SW Harrison St.  
Topeka, Kansas 66625-8000  
[www.ksrevenue.org](http://www.ksrevenue.org)

or

Phone (785) 368-8222  
Fax: (785) 296-4993