

**KANSAS DEPARTMENT OF REVENUE  
CUSTOMER RELATIONS  
PO BOX 750680  
120 SE 10th Ave.  
TOPEKA, KANSAS 66625-0680  
www.ksrevenue.org  
Phone Number: 785-368-8222  
Fax: 785-296-4993**

FOR OFFICE USE—LEAVE BLANK

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

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

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

**APPLICATION FOR MOTOR VEHICLE FUEL AND SPECIAL FUEL DISTRIBUTOR'S LICENSE**

1. Business Name \_\_\_\_\_
2. Business Mailing Address \_\_\_\_\_  
Street Address or Post Office Box City State ZIP Code
3. Business Location Address \_\_\_\_\_  
Street Address or Post Office Box City 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 percent or more of company stock.

Name	Address	Title	Social Security Number	Telephone Number

8. List the exact locations in Kansas where applicant intends to operate a distributing business, including resale to other distributors or dealers. Be sure to list location type: Retail: RL Bulk Plant: BP Refinery: RF Office: OF Pipeline/Terminal: PT

Street Address	City	County	Location Type	Inception Date	<b>For Office Use Only</b> Location No.
1. _____ (List exact location, use street numbers and legal description. If on railroad property, railroad lease numbers sufficient.)					
2. _____					
3. _____					
4. _____					

9. Is a Distributor's License in effect for another distributor at the above location(s) at this time?  Yes  No
10. If a successor to a former distributor, give trade name of such distributor \_\_\_\_\_
11. Indicate whether location is owned or leased by the applicant \_\_\_\_\_
12. Amount of storage capacity, in gallons, and product type of each tank in place at each location is:

Location	Gallons	Product Type	Gallons	Product Type	Gallons	Product Type
Location 1						
Location 2						
Location 3						

(Insert the gallonage and product type in the above spaces for the number of tanks to be used)

13. Are you the first distributor selling or offering for sell motor fuels at the terminal rack or importing fuel to Kansas?  Yes  No
14. Estimated annual tax liability \_\_\_\_\_
15. Contact person for tax return inquiries:  
Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_
16. Do you transport your own product?  Yes  No  
If yes, please show your Liquid Fuels Carriers Number \_\_\_\_\_  
If no, who transports this product? \_\_\_\_\_
17. Are the applicant(s) at least 18 years of age?  Yes  No
18. Are you or any partner, corporate officer or stockholder own more than 5 percent of company stock delinquent in payment of any motor fuel taxes, interest or penalty, to a taxing agency in any state or to the federal government?  Yes  No

19. Have you or any partner, corporate officer or stockholder owning more than 5 percent 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
20. Have you or any partner, corporate officer or stockholder owning more than 5 percent of company stock been convicted of a felony involving fraud or tax evasion in this or any other jurisdiction?     Yes     No
21. Have you or any partner, corporate officer or stockholder owning more than 5 percent of company stock had a motor fuel license revoked for cause in another state?     Yes     No
22. Do you or any partner, corporate officer or stockholder owning more than 5 percent of company stock intend to carry on the business authorized by the license as agent of another?     Yes     No
23. If you answered yes to any question 18-22, 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 the penalty of perjury.

\_\_\_\_\_  
 (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 Motor Vehicle Fuel and Special Fuel Distributor's Bond and Financial Statement (MF-43). Articles of Organization or Incorporation are also required if the ownership type is LLC.

1. The Motor Vehicle Fuel and Special Fuel Distributor's Bond is required for all new applicants, in the amount of \$1,000.00 or three months tax liability, which ever is greater.
2. If you need to add a location after your license has been issued, a separate application must be filed.
3. No fee is required for this license.
4. You must report any change in ownership, including a change in partners, corporate officers or stockholders who own more than 5 percent of company stock within 30 days of the change.

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

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