

**KANSAS DEPARTMENT OF REVENUE
CUSTOMER RELATIONS
915 SW HARRISON ST.
TOPEKA, KANSAS 66612-1588
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 Code3. 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	For Office Use Only 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	Number of Tanks
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 No18. 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:

KANSAS DEPARTMENT OF REVENUE
 CUSTOMER RELATIONS
 MOTOR FUEL TAX
 PO Box 758573
 TOPEKA, KANSAS 66675-8573
 PHONE: 785-368-8222
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 www.ksrevenue.org