

KANSAS DEPARTMENT OF REVENUE
CUSTOMER RELATIONS
120 SE 10th Ave.
PO BOX 750680
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
IMPORTER/EXPORTER LICENSE

- 1. Business name
2. Business mailing address
3. Business location address
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.

Table with 5 columns: Name, Address, Title, Social Security Number, Telephone Number

- 8. Do you transport your own products?
9. For what purpose will this license be used?
10. Contact person for tax return inquiries:
11. Are the applicant(s) at least 18 years of age?
12. Are you or any partner, corporate officer or stockholder owning more than 5% 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?
13. 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?
14. 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?
15. 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?
16. 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?
17. If you answered yes to any question 12-16, please explain on a separate sheet of paper.

Applicant hereby gives its irrevocable consent that actions may be commenced against it in the proper court of any county in this state in which a cause of action may arise or in which the plaintiff may reside, by service of process on the Secretary of State.

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 Importer/Exporter Bond.

1. The issuance of this license enables you to import and/or export motor vehicle fuel (gasoline, gasohol) and special fuel (diesel).
2. The Motor Vehicle Fuel and Special Fuel Importer/Exporter Bond is required for all new applicants, in the amount of \$5,000.00 or 3 months tax liability, which ever is greater.
3. No fee required for this license.
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:

CUSTOMER RELATIONS
MOTOR FUEL TAX
KANSAS DEPARTMENT OF REVENUE
120 SE 10th Ave
PO Box 750680
TOPEKA, KANSAS 66625-0680
www.ksrevenue.org

OR

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