

**KANSAS DEPARTMENT OF REVENUE
CUSTOMER RELATIONS
Po Box 758573
TOPEKA, KANSAS 66675-8573
www.ksrevenue.org
Phone Number: (785) 368-8222
Fax: (785) 296-4993**

641718

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 _____
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. Do you transport your own products? Yes No If yes, please show your Liquid Fuel Carriers License # _____
If no, who transports this product? _____

9. For what purpose will this license be used? Importing Exporting

10. Contact person for tax return inquiries:
Name: _____ Phone Number: _____
Fax Number: _____ E-mail address: _____

11. Are the applicant(s) at least 18 years of age? Yes No

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? Yes No

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?
 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 fraud or tax evasion 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 had a motor fuel license revoked for cause in another state? Yes No

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? Yes No

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. Applicant stipulates and agrees that such service shall be taken and held, in all courts, to be as valid and binding as if due service had been made upon the applicant personally, or upon the president and secretary, if a corporation. (Secretary of State will notify applicant by registered mail of any action started against him.)

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
PO Box 758573
TOPEKA, KANSAS 66675-8573
www.ksrevenue.org

OR

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