



APPLICATION FOR REGISTRATION FOR MOTOR FUEL TAXES

ANSWER ALL QUESTIONS COMPLETELY. INCOMPLETE AND UNSIGNED APPLICATIONS WILL DELAY PROCESSING.

1. Date Tennessee operations began: _____

2. Are you currently registered with the Tennessee Department of Revenue? Yes _____ No _____
If YES, under what name(s) and what FEIN(s)/SSN(s) do you operate? _____

3. CHECK ALL BOXES THAT APPLY TO YOUR BUSINESS ACTIVITY: (SEE DEFINITIONS)

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> *Blender | <input type="checkbox"/> Exempt Governmental Agency | <input type="checkbox"/> *Terminal Operator | <input type="checkbox"/> *Wholesaler |
| <input type="checkbox"/> *Importer | <input type="checkbox"/> *Exporter | <input type="checkbox"/> *Transporter (Carrier) | <input type="checkbox"/> *Dyed Fuel Retailer |
| <input type="checkbox"/> *Compressed Natural Gas | <input type="checkbox"/> *Liquified Gas | | |
| <input type="checkbox"/> *Supplier | | | |

TYPE OF BOND: Surety Personal Surety Cash Certificate of Deposit None Required

*Requires Bond (See Bond Form attached)

4. CHECK THE TYPE OF LICENSE(S) FOR WHICH YOU ARE APPLYING: (SEE DEFINITIONS)

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Blender License | <input type="checkbox"/> Exporter License | <input type="checkbox"/> Liquified Gas Dealers Permit | <input type="checkbox"/> Supplier License |
| <input type="checkbox"/> Compressed Natural Gas User's Permit | <input type="checkbox"/> Governmental Exemption Permit | <input type="checkbox"/> Liquified Gas Users Permit | <input type="checkbox"/> Terminal Operator License |
| <input type="checkbox"/> Compressed Natural Gas Dealer's Permit | <input type="checkbox"/> Importer License | <input type="checkbox"/> Permissive Supplier License | <input type="checkbox"/> Transporter Carrier License |
| <input type="checkbox"/> Dyed Fuel Retailer | <input type="checkbox"/> Bonded
<input type="checkbox"/> Restricted | | <input type="checkbox"/> Wholesaler License |

TERMINAL OPERATORS MUST ATTACH A LIST STATING THE LOCATION OF EVERY TERMINAL.

5. Will you be blending fuels in Tennessee? Yes _____ No _____ If YES, attach a description of products blended and end products after blending.

6. Are you: Private Carrier _____ Common Carrier _____ N/A _____
If private carrier, are you for hire? Yes _____ No _____

7. If you are applying for a supplier's license, are you electing to pre-collect Tennessee tax on sales made from terminals located outside Tennessee: Yes _____ No _____

8. If you are applying for a wholesaler license, do you wish to defer your tax payment to your supplier? Yes _____ No _____

9. If you are applying for a supplier's license, are you seeking refiner status? Yes _____ No _____
If yes, do you own a refinery within the United States? Yes _____ No _____
Give location _____

10. Do you own or operate a refinery in the state of Tennessee? Yes _____ No _____

11. List the states from which you import motor fuels. (Separate attachment)

12. List the states to which you export motor fuels. (Separate attachment)

13. If you are applying for a Restricted Importer's License, have you entered into a pre-collection agreement with supplier(s)? Yes _____ No _____ If yes, you must attach a copy of your pre-collection agreement. (Separate attachment)

(A) List all states in which you hold a motor fuel license and the license number in each state. (Separate attachment)

(B) List the terminal source(s) for product destined for Tennessee. (Separate attachment)

(C) List the supplier(s) from whom you will acquire product with Tennessee destinations. (Separate attachment)

14. Describe the principal business activity at this location, stating the major products sold or used. _____

15. BUSINESS NAME			16. BUSINESS MAILING ADDRESS		
BUSINESS NAME (ATTACH LIST IF NECESSARY FOR ADDITIONAL LOCATIONS)			NAME (ENTER CORPORATION NAME, IF APPLICABLE)		
STREET, HIGHWAY (DO NOT USE P.O. BOX NUMBER OR RURAL ROUTE NUMBER)			P.O.C BOX, STREET, ROUTE, OR HIGHWAY		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE

17. BUSINESS TELEPHONE: () _____ FAX NUMBER: () _____

