

APPLICATION FOR PETROLEUM TAX EXEMPTION PERMIT



Return original and copy to Tennessee Department of Revenue, Taxpayer Services Division, Andrew Jackson State Office Building, Nashville, TN 37242. Your permit number will be assigned and returned to you upon approval.

1 \* BUSINESS NAME AND LOCATION
2 BUSINESS MAILING ADDRESS
Business Name
Street, Highway, Community
City County State Zip Code

3 IS THIS AGENCY A DIVISION OR UNIT OF ANOTHER ORGANIZATION?
No
Yes - Specify Parent Organization

4 IS APPLYING AGENCY CONSTITUTED UNDER AN ACT OF THE TENNESSEE LEGISLATURE?
No
Yes - Provide the code section reference which authorizes existing agency; T.C.A. Title No.

5 IS THIS AGENCY OPERATED WITH FUNDS PROVIDED BY ANY OF THE FOLLOWING GOVERNMENTS?
a. Federal b. State c. County d. Federal e. Other - Specify

6 IF REVENUE IS RECEIVED OTHER THAN BY DIRECT APPROPRIATION OR GRANT, IDENTIFY THE SOURCE AND EXPLAIN:

7 LIST THE GEOGRAPHICAL AREAS WITHIN WHICH THIS AGENCY RENDERS SERVICE, NAMING THE SPECIFIC COUNTY, CITY, DISTRICT, ETC.
a. b. c. d. e. f.

8 FOR WHAT PURPOSES WILL THE EXEMPT FUEL BE USED?
a. Heating b. Operating Stationary Equipment c. Highway Vehicles d. Non-Highway Vehicles
Other Uses: 1. 2. 3.

9 INDICATE GRADES AND STORAGE CAPACITY (IN GALLONS) FOR EACH GRADE OF FUEL TO BE USED: SHOW "N/A" IF NOT APPLICABLE.
GASOLINES: a. Regular b. Premium c. Unleaded d. Other (Specify)
DISTILLATES: a. Diesel b. Heating Oil c. Kerosene d. Jet Fuel e. Other (Specify)

10 LIST LOCATIONS OF ALL OF THE AGENCY'S FUEL STORAGE TANKS: SHOW "N/A" IF NOT APPLICABLE.
a. (Number and Street) (City) (County)
b. (Number and Street) (City) (County)
c. (Number and Street) (City) (County)

11 ARE ANY OF THE AGENCY'S STORAGE FACILITIES LEASED?
No
Yes
Name of Lessor
ATTACH COPY OF ALL LEASE AGREEMENTS

12 WILL CONTROL OF THE FUEL DISPENSED FROM THIS STORAGE BE HANDLED BY THIS AGENCY?
No If no, By Whom
Yes

13 WILL THERE BE ANY EQUIPMENT SERVICED FROM THIS STORAGE OTHER THAN THAT OWNED OR LEASED BY THIS AGENCY?
No
Yes - Explain:

14 WILL ALL OWNED AND LEASED EQUIPMENT BE OPERATED SOLELY BY GOVERNMENT EMPLOYEES?
No - Explain:
Yes

15 WHO PRESENTLY SUPPLIES FUEL TO THIS AGENCY?
(Name of Supplier)
(Address)
FLEETCARD CREDIT CARD

16 HOW MANY HIGHWAY GOING VEHICLES WILL BE SERVICED WITH THE TAX EXEMPT FUEL?

17 STATE NAME AND TITLE OF INDIVIDUAL WHO WILL AUTHORIZE PURCHASES IF TAX EXEMPT FUEL.
(Name) (Title)

18 LIST ONE OR MORE OFFICIALS FOR CONTACT BY THE DEPARTMENT OF REVENUE IF PROBLEMS ARISE:
(Name) (Title) (Telephone, Area Code, Number)
(Name) (Title) (Telephone, Area Code, Number)

19 ENTER YOUR FEDERAL EMPLOYERS IDENTIFICATION # [ ] [ ] - [ ] [ ] [ ] [ ] [ ] [ ]
APPLIED FOR
NOT REQUIRED

20 APPLICATION EXECUTED UNDER PENALTY OF PERJURY BY:
Signature Official Title Date

HAVE YOU ANSWERED EACH QUESTION COMPLETELY? AN INCOMPLETE APPLICATION WILL BE RETURNED.

\* IF YOU ARE A RESCUE SQUAD, PLEASE ATTACH COPIES OF YOUR CHARTER FOR A NON-PROFIT CORPORATION AND YOUR MEMBERSHIP IN THE TENNESSEE ASSOCIATION OF RESCUE SQUADS. IF YOU ARE A VOLUNTEER FIRE DEPARTMENT, PLEASE ATTACH A COPY OF YOUR NON-PROFIT CORPORATION CHARTER.