

APPLICATION FOR MOTOR FUEL RETAILERS LICENSE

License No. _____

Date License Issued: _____

Date Mailed: _____

New Application Inception Date: _____

Adding Location Indicate license number location being added to: _____

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: _____

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. List storage capacity and fuel type.

9. List number of gasoline/gasohol pumps: _____ List number of clear diesel pumps: _____

List number of dyed diesel pumps: _____

10. List your Motor Vehicle and Special Fuel Distributors' License Number (if applicable): _____

11. Will you be selling fuel to the end user that will be applying for a refund of the motor fuel tax? No Yes
If yes, please enclose a copy of your company's complete invoice (original and all copies). See instructions on the reverse side of this form.

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

13. Do you or any partner, corporate officer or stockholder owning more than 5% of company stock owe any motor fuel taxes, interest or penalty to a taxing agency in any state or the federal government? 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 theft within 5 years immediately preceding the date of making application 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 been convicted of a felony involving fraud or tax evasion in this or any other jurisdiction? Yes No

16. 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

17. 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

18. If you answered yes to any question 13-17, please explain on a separate sheet of paper.

19. Contact person for tax return inquiries:

Name: _____ Phone Number: _____

Fax Number: _____ Email Address: _____

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 penalty of perjury.

(Signature of Owner, Partner, Corporate Officer, or Person Authorized by Attached Power of Attorney) (Title)

Subscribed and sworn to before me, this _____ day of _____ 20_____

My commission expires _____ 20_____ _____
(Notary Public)

INSTRUCTIONS

1. No fee required for this license.
2. You must file a separate application for each retail location.
3. Licensed distributors or retailers providing original invoices to end users to use in applying for a refund of the state motor fuel tax must use invoices previously approved by the state or use state issued invoices. Attaching a copy of your invoice to this application will ensure approval of your invoice or issuance of state invoices for your use.
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:

KANSAS DEPARTMENT OF REVENUE
 CUSTOMER RELATIONS / MOTOR FUEL
 PO BOX 750680
 TOPEKA, KANSAS 66625-0680
 www.ksrevenue.gov
 Phone Number: 785-368-8222
 Fax: 785-296-2703

Go to ksrevenue.gov to set up an appointment at the Topeka or
 Overland Park office by using the Appointment Scheduler.