



APPLICATION FOR LIQUID FUELS AND FUELS PERMIT

BUREAU USE ONLY	
Amount of Surety Bond	
\$ _____	
Amount of Negotiables	Amount of L.O.C.
Total Security	
Date Approved	
Permit Number	

FAILURE TO COMPLETE ALL APPLICABLE SECTIONS WILL RESULT IN THE REJECTION OF APPLICATION.

This application for a liquid fuels and fuels permit must be filed by every person planning to refine, use, or sell and deliver tax-free liquid fuels or fuels in Pennsylvania for use or sale and delivery therein and those persons importing or exporting liquid fuels or fuels upon which the applicable Pennsylvania fuel tax has not been paid. Note this application also applies to jet fuel and aviation gasoline.

1 Name under which the permit is to be issued (Legal Name(s), D/B/A, Fictitious Name)	
2 Location of principal place of business (Description of exact location - PO Box is not acceptable)	
Street Address _____ City _____ County _____ State _____ ZIP Code _____	
3 MAILING Address (if different than #2) P.O. Box, Street and Number, or RD Number and Box	
Street Address or PO Box _____ City _____ County _____ State _____ ZIP Code _____	
4 Name, title, Social Security number and home address of all individual owners and elected officers constituting the ownership, partnership, association or corporation. Attach a separate sheet if more space is required.	
Name _____	Title _____ Social Security Number _____
Street Address _____ City _____ State _____ ZIP Code _____	
Name _____	Title _____ Social Security Number _____
Street Address _____ City _____ State _____ ZIP Code _____	
5 Applicant is operating as (check appropriate block):	
<input type="checkbox"/> An Individual <input type="checkbox"/> A Partnership <input type="checkbox"/> An Association <input type="checkbox"/> A Corporation	
6 Are you operating under the Fictitious Names Act? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give date and place of registration.	
Date: _____ Location: _____	
7 If a corporation, are you registered with the Department of State? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8 If a corporation, give date, state of incorporation and PA Corporation Tax (Box) Number:	
Date: _____ State: _____ PA Corporation Tax (Box) Number: _____	
9 If an out-of-state corporation, give date PA Certificate of Authority was received:	10 Federal Employer Identification Number (FEIN)
Date: _____	
11 E-mail Address _____	12 Bus. Telephone () _____ Fax Number () _____ Home Telephone () _____
13 Name, title, home address and Social Security number of persons (other than individual owners, partners or elected officers of the partnership, association or corporation) who are authorized to sign reports sent to the department.	
Name _____	Title _____ Social Security Number _____
Street Address _____ City _____ State _____ ZIP Code _____	
Name _____	Title _____ Social Security Number _____
Street Address _____ City _____ State _____ ZIP Code _____	
14 Date you wish to begin purchases tax free of:	14a Maximum month's sales of taxable liquid fuels or fuels in PA during past year (If you estimated the figure, write "est" behind it):
Liquid fuels _____	Liquid fuel _____ gallons.
Fuels _____	Fuels _____ gallons.
Both _____	
15 Distributor status is requested for (check highest applicable item):	
____ Class 1 - Refiner/Wholesaler of liquid fuels and fuels	____ Class 4 - Importer of liquid fuels or fuels
____ Class 2a - Wholesaler of liquid fuels (gasoline/gasohol only)	____ Class 5 - Exporter of liquid fuels or fuels
____ Class 2b - Wholesaler of liquid fuels (jet/avgas only)	____ Class 6 - Kerosene dealer
____ Class 3 - Wholesaler of fuels (diesel & kerosene) only	____ Class 6a - Kerosene dealer (blocked pumps)

16 Business Activity - Complete the following as it relates to PA business activity and the class license requested in Question 15.

A. Refinery Operations: Liquid fuels and/or fuels can be shipped from the following refinery locations to various PA customers or company locations:

1. Street Address	City	State	ZIP Code
2. Street Address	City	State	ZIP Code

B. Wholesale Activity: Provide the following:

- Number of unrelated retail accounts to which liquid fuels are sold: _____
- Percent of liquid fuels to total sold to retailers in (1) above: _____
- Number of exempt entities to which liquid fuels are sold: _____; approximate yearly gallons: _____
- Number of unrelated retail accounts to which fuels are sold: _____
- Percent of fuels to total sold to truck stops in (4) above: _____
- Number of exempt entities to which fuels are sold: _____; approximate yearly gallons: _____

C. Import/Export Activity:

- Percent of liquid fuels and fuels to total imported: Liquid Fuels _____ Fuels _____
- The following fuel is imported: Gas/Gasohol Jet/AvGas Diesel Kerosene
- Percent of liquid fuels and fuels to total exported: Liquid Fuels _____ Fuels _____
- The following fuel is exported: Gas/Gasohol Jet/AvGas Diesel Kerosene
- State(s) to which product is exported: _____
- Fuel is imported/exported via: Pipeline Barge Tank Truck Tank Wagon Other _____
- If you use your own vehicles to transport fuel, indicate your base state for motor carriers road tax (fuel use) reporting: _____
- If common/contract carriers are used, provide a complete list of carriers used including company names and addresses:

	Common	Contract	Name and Address:
a.	<input type="checkbox"/>	<input type="checkbox"/>	
b.	<input type="checkbox"/>	<input type="checkbox"/>	

D. General Business Activity: Provide the following:

- Do you operate or have an affiliation with retail stations or truck stops? Yes No
If yes, indicate how many and in which states: _____
- Have you, any partner or a corporation in which you or any other partner had greater than 5 percent interest ever been revoked as a licensee or convicted of a motor fuel tax related crime? Yes No
If yes, indicate the jurisdiction(s) in which the action(s) occurred: _____, and the date(s) of the action(s): _____

3. Locations:

The Bureau of Motor and Alternative Fuel Taxes will issue a liquid fuels and fuels permit: (a) to the address on Line 2, (b) to each location on Line 16A and (c) to every Pennsylvania location from which liquid fuels or fuels are sold or delivered at a wholesale level.*

* A listing showing such locations must be attached to this application. Use form REV-1338 A. The list must show all other retail locations where fuel, on which tax has not been paid, is inventoried. Please mark these as retail (R) locations, as permits will not be issued to same.

17 Fuel purchases or receipts - Name source of supply:

1. Name	Address	Phone Number ()
2. Name	Address	Phone Number ()
3. Name	Address	Phone Number ()

18 Provide the name, address and occupation of at least two business references.

a. Name	Address	Phone Number ()	Occupation
b. Name	Address	Phone Number ()	Occupation

NOTE: YOU ARE REQUIRED TO MAINTAIN RECORDS OF RECEIPTS, DISBURSEMENTS AND CASH FLOW.

19 Applicant agrees, under penalty of perjury, that the information supplied by the applicant on this application is to the best of his/her knowledge true, accurate and complete.

This form must be signed by an owner, partner or corporate officer named on the front of this application or by an authorized agent. If signed by an authorized agent, a properly completed Power of Attorney must be attached to this application.

Name	Signature	Title	Date
------	-----------	-------	------